

FLORES DANIEL

FILE TITLE/NUMBER/VOLUME:

PROPS, DANIEL
OP FILE

INCLUSIVE DATES:

CUSTODIAL UNIT/LOCATION:

ROOM:

DELETIONS, IF ANY:

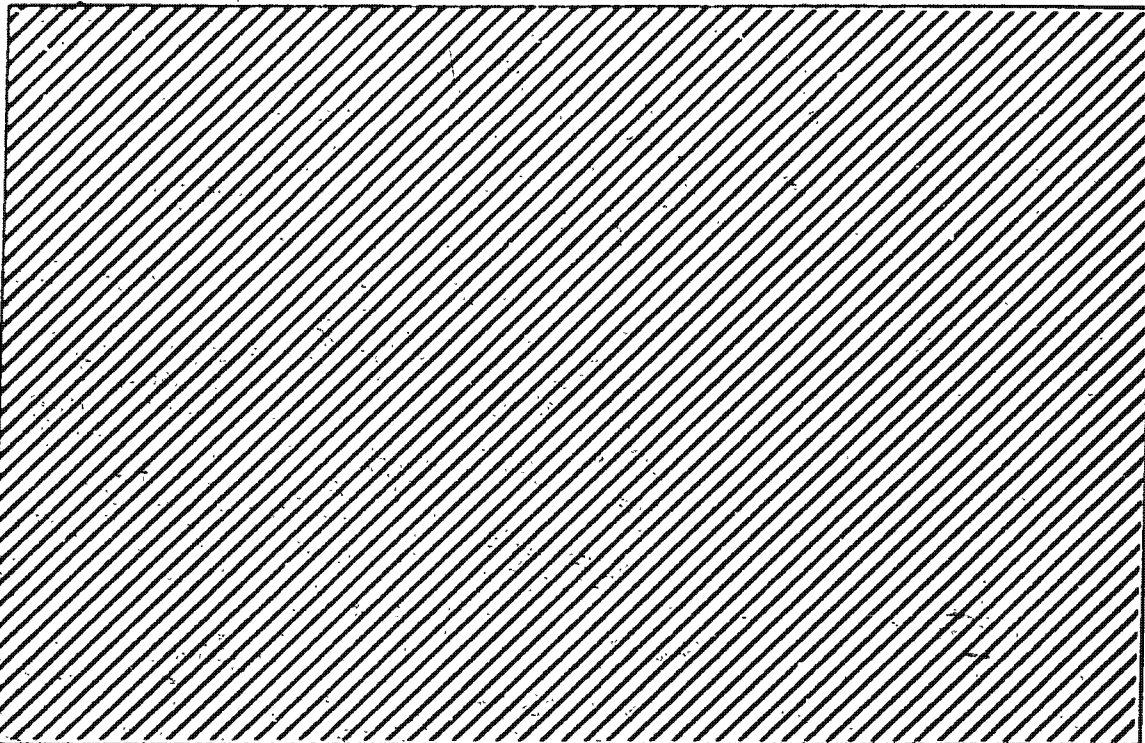
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FLURES DANIEL

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle) FLORES, Daniel	NAME AND RELATIONSHIP OF DEPENDENT self	CLAIM NUMBER 79 0606
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There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 1/4/79.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 7 Jun 1979	SIGNATURE OF BIC REPRESENTATIVE <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
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NOTICE OF OFFICIAL DISABILITY CLAIM FILE

ADMINISTRATIVE - INTERNAL USE ONLY

[Hatched Area]		
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
FLORES, Daniel	Self	78-0668
<p>There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>4/12/78</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE	
6/6/78	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

SECRET
(If box filled in)

31 JAN 1978

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 036130				2 NAME (Last-First-Middle) Flores, Daniel	
3 NATURE OF PERSONNEL ACTION Reassignment			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 11 78		5 CATEGORY OF EMPLOYMENT Regular
6 FUNDS V TO V CF TO V			7 PAY AND NCCA 8035 0990 0000		8 LEGAL AUTHORITY (Completed by Office of Personnel)
9 ORGANIZATIONAL DESIGNATIONS DDO/LA Division Foreign Field Station			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE Operations Officer			12 POSITION NUMBER GK76		13 CAREER SERVICE DESIGNATION DOG
14 CLASSIFICATION SCHEDULE (GS, LB, IN.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 13 2	
17 SALARY OR RATE 26887		18 REMARKS Reassigned from position FS35 CMS/MSB <i>This action reflects WGI- 1/29/78</i>			
18A SIGNATURE OF REQUESTING OFFICIAL J. Halpin		DATE SIGNED 1/27/78		18B SIGNATURE OF OFFICIAL CMS LT	
DATE SIGNED 1/29/78					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 37	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 51620 LA	22 STATION CODE 45075	23 INTEGRITY CODE 3	24 HEDTIS CODE
25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LET	28 SECURITY REQ. NO		
29 SPECIAL REFERENCE			30 RETIREMENT DATA		
31 VET PREFERENCE			32 CORRECTION, CANCELLATION DATA		
33 SUBV COMP DATE			34 LONG COMP DATE		
35 CAREER CATEGORY			36 HEALTH INSURANCE		
37 LEAVE CAT			38 SOCIAL SECURITY NO		
39 POSITION CONTROL CERTIFICATION			40 QP APPROVAL		
1-27-78 AED			1-31-78		

FORM 1152 USE PREVIOUS EDITION

SECRET

82. IMPDET CL. BY. 007622

☒ SECRET ☐ CONFIDENTIAL

☐ INTERNAL USE ONLY

UP

FILED

REQUEST FOR PCS OVERSEAS EVALUATION

DATE

12 Sept 77

APPLICANT HAS APPLICANT

SEEN BY OMS

YES

PREVIOUSLY BEEN

DEPENDENT(S)

EMPLOYEE

1 NAME (Last, First, Middle)

Flores, Daniel

2 SOCIAL SECURITY NO.

3 GRADE

4 GRADE

13 All

10 DIRECTORATE/OFFICE DIVISION

DDO/LA

5270

12 POSITION TITLE

Ops Officer

COMPLETE 13-19 FOR EACH DEPENDENT TO ACCOMPANY OR SET BY WITH EMPLOYEE ONLY IF 2 IS CHECKED "DEPENDENT(S)"

15

DEPENDENT NAME (Last, First, Middle)

16 SOC SEC NO.

18 DOB (MM/YY)

17 SEX

18 RELATIONSHIP

19 DEPENDENT PREVIOUSLY SEEN BY OMS (yes/no)

20 REQUESTED ACTION (more than one is acceptable)

APPLICANT

PRE EMPLOYMENT

EOD

ASSIGNMENTS

O/S PCS

O/S TDY

O/S RETURNEE

O/S TDY STANDBY

O/S PLANNING

STATION

14 Oct 77

POSITION

Ops Officer

FITNESS FOR DUTY

RETURN TO DUTY

SPECIAL TRAINING

SEPARATION

RETIREMENT

MDR/CARDS

MDR/CSC

ROUTINE

REGULAR ANNUAL

EXECUTIVE ANNUAL

MPT/PHE

21 COMMENTS

Assignment to [redacted] has been cancelled. Subject is now being considered for [redacted]

22 REQUESTING DIRECTORATE/OFFICE DIV

23 ROOM/BLDG

24 EXTENSION

25 SIGNATURE OF REQUESTING OFFICER

DDO/LA/PERR

313113 Hqs

5270

26 OFFICE OF SECURITY DISPOSITION

27 OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION

QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS

JAMES WARR

7 OCT 1977

Chairman, Overseas Candidate Review Panel

☐ UNCLASSIFIED

☐ INTERNAL USE ONLY

☐ CONFIDENTIAL

☐ SECRET

28 IMPROVED BY

2598

8-00000

(when applicable)

SECRET
(When Filled In)

28 1977

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 21 March 1977	
1 SERIAL NUMBER 036130		2 NAME (Last-First-Middle) FLORES, DANIEL			
3 NATURE OF PERSONNEL ACTION REMOVAL FROM PARTICIPATION IN CIA RETIREMENT SYSTEM			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 04 10 77		5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px;"></div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>V TO V</div> <div>CP TO V</div> </div> <div style="width: 20px; height: 20px; background-color: black; margin-right: 5px; margin-left: 10px;"></div> <div style="display: flex; flex-direction: column; gap: 5px;"> <div>V TO CP</div> <div>CP TO CP</div> </div> </div>		7 PAY AND HQCA 7135-4534-0000		8 LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643, Sect. 203	
9 ORGANIZATIONAL DESIGNATIONS DDO/LA			10 LOCATION OF OFFICIAL STATION WASH., D.C.		
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION DQG
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) 45		15 OCCUPATIONAL SERIES		16 GRADE AND STEP 13	
17 SALARY OR RATE \$					
18 REMARKS SUBJECT REMOVED FROM SYSTEM IN ACCORDANCE WITH HN 20-763.					
18A SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEREST CODE
24 DATE EXPIRES MO DA YR	25 SPECIAL REFERENCE	26 RETIREMENT DATA 1-YES 2-NO 3-BOB		27 SEPARATION DATA CODE	28 CORRECTION CANCELLATION DATA TYPE MO DA YR
29 VET PREFERENCE CODE 0-BONE 1-5 PT 2-10 PT	30 SERV COMP DATE MO DA YR	31 LONG COMP DATE MO DA YR	32 CAREER CATEGORY LAW REL PROF. TEMP	33 HEALTH INSURANCE CODE CODE 1-YES 2-NO/OPT 3-UNAVAILABLE	34 SOCIAL SECURITY NO
35 PERIODS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO DURING 10 SERVICE 2-DURING 10 SERVICE (LESS THAN 3 YEARS) 3-DURING 10 SERVICE (MORE THAN 3 YEARS)		36 LEAVE CAT CODE	37 FEDERAL TAX DATA FORM EXECUTED CODE MO TAX EXEMPTIONS		38 STATE TAX DATA FORM EXECUTED CODE MO TAX EXEMPTIONS
39 POSITION CONTROL CERTIFICATION 3-24 77			40 O.P. APPROVAL		DATE APPROVED 2 Apr 77

FORM 1152 USE PREVIOUS EDITION

SECRET

IMPORTED CL BY 007622

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED		
1 SERIAL NUMBER 036130					2 NAME (Last-First-Middle) Flores, Daniel		
3 NATURE OF PERSONNEL ACTION Reassignment			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 26 77		5 CATEGORY OF EMPLOYMENT Regular		
6 FUNDS V TO V CF TO V			7. FAN AND NSCA X CF TO CF 7135-4534 0000		8 LEGAL AUTHORITY (Completed by Office of Personnel)		
9 ORGANIZATIONAL DESIGNATIONS DDO/LA Division Cuba Operations Group EA Area			10 LOCATION OF OFFICIAL STATION Washington, D. C.				
11 POSITION TITLE Operations Officer			12 POSITION NUMBER (13) FS35		13 CAREER SERVICE DESIGNATION DQG		
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 13 1		17 SALARY OR RATE \$24,308	
18. REMARKS Reassigned from DDO/LA Position CQ 66 CMS/MSB 2-17-77							
19A SIGNATURE OF REQUESTING OFFICIAL J. Halpin CLAPERS			DATE SIGNED 15Feb77		19B SIGNATURE OF APPROVING OFFICIAL CMS/13		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19 ACTION CODE 37		20 EMPLOY CODE 10		21 OFFICE CODING NUMERIC ALPHABETIC 51500 LA		22 STATION CODE 75013	
23 INTEGRITY CODE		24 ROOTS CODE		25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR	
27 DATE OF LIT MO DA YR		28 DATE OF LIT MO DA YR		29 DATE OF LIT MO DA YR		30 DATE OF LIT MO DA YR	
31 SPECIAL REFERENCE		32 RETIREMENT DATA 1-ELC 2-ORSE 3-FLA 4-ROSE		33 SEPARATION DATA CODE TYPE		34 CORRECTION CANCELLATION DATA MO DA YR	
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CODE 0-NO PREV. SERV 1-10 PREV. SERV 2-20 PREV. SERV 3-30 PREV. SERV	
39 SOCIAL SECURITY NO		40 SOCIAL SECURITY NO		41 SOCIAL SECURITY NO		42 SOCIAL SECURITY NO	
43 POSITION CONTROL CERTIFICATION 2-25-77		44 LEAVE CAT CODE		45 FEDERAL TAX DATA FORM SECURED 1-YES 2-NO		46 STATE TAX DATA FORM SECURED 1-YES 2-NO	
47 POSITION CONTROL CERTIFICATION 2-25-77		48 LEAVE CAT CODE		49 FEDERAL TAX DATA FORM SECURED 1-YES 2-NO		50 STATE TAX DATA FORM SECURED 1-YES 2-NO	
49 POSITION CONTROL CERTIFICATION 2-25-77		50 LEAVE CAT CODE		51 FEDERAL TAX DATA FORM SECURED 1-YES 2-NO		52 STATE TAX DATA FORM SECURED 1-YES 2-NO	

1152 USE PREVIOUS EDITION

SECRET

12. UPDATE CL BY 007AJ3

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 19 January 1977	
1. SERIAL NUMBER 036130 ✓		2. NAME (Last-First-Middle) Flores, Daniel ✓			
3. NATURE OF PERSONNEL ACTION PROMOTION			4. EFFECTIVE DATE REQUESTED MONTH 01 DAY 30 YEAR 77		5. CATEGORY OF EMPLOYMENT Regular
6. FUNDS ▶	V TO V C TO V	XX	7. PAN AND NSCA 7135 45340000	8. LEGAL AUTHORITY (Complied by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/LA Division ✓ Cuba Operations Group WH Area			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE Operations Officer ✓ (13)			12. POSITION NUMBER CQ66	13. CAREER SERVICE DESIGNATION DQG ✓	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01 ✓	16. GRADE AND STEP 13 1	17. SALARY OR RATE \$24,508	
18. REMARKS FROM: GS-12/4, \$22,485 for 12/4					
18A. SIGNATURE OF REQUESTING OFFICER John Malpin ✓		DATE SIGNED 19 Jan 77	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED 21 Jan 77
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODE 51500	22. STATION CODE LA	23. RETIREMENT CODE 75013	24. REASON CODE 1
25. DATE OF ENTRY MO DA YR	26. DATE OF ENTRY MO DA YR	27. DATE OF ENTRY MO DA YR	28. DATE OF ENTRY MO DA YR	29. DATE OF ENTRY MO DA YR	30. DATE OF ENTRY MO DA YR
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SECRET

11 JAN 1977

SECRET
(When Filled In)

19 NOV 1976

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 10 November 1976	
1 SERIAL NUMBER 036130		2 NAME (Last-First-Middle) Flores, Daniel					
3 NATURE OF PERSONNEL ACTION Reassignment				4 EFFECTIVE DATE REQUESTED MONTH 12 DAY 04 YEAR 76		5 CATEGORY OF EMPLOYMENT Regular	
6 FUNDS		7 V TO V V TO C C TO V C TO C		8 FAN AND NSCA 7135-4534 0000		9 LEGAL AUTHORITY (Completed by Office of Personnel)	
10 ORGANIZATIONAL DESIGNATIONS DDO/LA Division Cuba Operations Group WH Area				11 LOCATION OF OFFICIAL STATION Washington, D. C.			
12 POSITION TITLE Operations Officer (12)				13 POSITION NUMBER CQ67		14 CAREER SERVICE DESIGNATION DQG	
15 CLASSIFICATION SCHEDULE (GS, LS, etc.) GS		16 OCCUPATIONAL SERIES 0136.01		17 GRADE AND STEP 12 8		18 SALARY OR RATE 55485 23/804	
19 REMARKS Reassigned from DDA/OTR Position BD 33 Concur: [redacted] 10 Nov 76 (telecord) OTR/PERS CMS/MSB [redacted] CAIS/MSB 11-16-76							
20 SIGNATURE OF REQUESTING OFFICIAL John F. Halpin C/LA/PERS				21 DATE SIGNED 10 Nov 76		22 SIGNATURE OF CAREER SERVICE APPROVING OFFICER [redacted]	
23 DATE SIGNED 11/15/76							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
24 ACTION CODE 37	25 EMPLOY CODE 10	26 OFFICE CODE 51500	27 STATION CODE LA	28 UTILITY CODE 75013	29 MONTH CODE	30 DATE OF BIRTH	31 DATE OF BIRTH
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EYES ONLY

20 OCT 1976

MEMORANDUM FOR: Chairman, GS-12 Evaluation Board

FROM : Raymond A. Warren
Chief, Latin America Division

SUBJECT : Recommendation for Promotion to
Grade GS-13, Daniel Flores

1. Mr. Daniel Flores was recently assigned to OTR as an operations instructor to capitalize on his fine operational record which he developed during his two field assignments in [] and in [] and his most recent operational assignment with LA/COG. His overall performance has clearly been characterized by exceptional proficiency and he has been rated by his most recent supervisor as "outstanding" for his handling of a sensitive [] case and his development and pursuit of [] operational leads. Mr. Flores has definite growth potential and clearly meets or exceeds the criteria for promotion to Grade GS-13, a promotion which is most strongly recommended.

2. During the past year Mr. Flores was responsible for handling a very sensitive, and [] asset. This asset is probably one of the "messiest and disorganized individuals" with whom a case officer in this Agency has had to contend. However, Mr. Flores clearly demonstrated his fine handling abilities in his manipulation and exploitation of this agent. As a result of his guidance and his ability to effectively debrief this person, Mr. Flores was able to make this asset one of our most productive [] sources. During the last year this source [] on subject matter which often commanded attention at the highest levels of our government.

3. Mr. Flores has shown a remarkable growth potential during the last year. He is determined, persistent, serious, and commendably aggressive. He is mature, self-assured, and his operational decisions are sound. His managerial skills are in keeping with his operational potential. He was often called

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upon in the last twelve months to act as Chief of his section, a GS-14 position. He demonstrated sound leadership qualities by stimulating interest and enthusiasm in his staff. His operational programs were aggressive and imaginative. Mr. Flores' supervisory talents combined with his excellent professional skills portend a continuing and successful career in this Agency.

4. While assigned to LA/COG, Mr. Flores was involved in the spotting, assessing, developing access to, and eventually pitching a [] who was the [] of [] in a Latin American country. The recruitment pitch was not successful but the details of this operation were handled in the most professional manner. Mr. Flores developed more leads to [] and [] of [] during this period than any other LA/COG operations officer. He has native fluency in Spanish and feels "at home" operating in the field. While in LA/COG Mr. Flores was called upon to do a considerable amount of TDY travel since he was on call to meet his [] asset anytime, any place whenever the agent [] of []. In addition to these travels, Mr. Flores did a lot of traveling seeking out and debriefing potential access agents. During this last year he clearly demonstrated his ability to function independently and to assume responsibilities usually reserved for officers much more senior in grade and experience.

5. Mr. Flores was assigned in July 1976 to OTR on a two-year rotational assignment as an operations instructor. Upon completion of this assignment, Mr. Flores will return to this Division to assume responsibilities, either at Headquarters or in the field, commensurate with his demonstrated operational and managerial talents. In recognition of Mr. Flores' outstanding agent handling skills, his overall professional competency, and his obvious growth potential, it is strongly recommended that Mr. Flores be promoted to Grade GS-13.


Raymond A. Warren

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EYES ONLY

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21 September 1976

MEMORANDUM FOR: Chief, OTR/LTD

FROM : Walter R. Cox
Chief, ALT Unit

SUBJECT : Completion of Training Report
Trainee: Daniel Flores
Training Program:

1. For your information and for documentation in Daniel Flores' official personnel file, this memorandum certifies that he received the five-day SAI Persuasion Skills course at an NOCB in Arlington, Virginia, between 11 and 17 August 1976. The instructor was Mr. .

2. Briefly, the SAI course is a program in human relations and communications effectiveness on the interpersonal level. It provides the trainee with a framework for analyzing problems usually encountered in supervisory or in agent development, recruitment, and handling situations and with a system for presenting his ideas in a way standing the best chance for success in gaining a target individual's willing acceptance. Flores was an active and most interested participant throughout the program and achieved a good understanding of the basic principles involved. A copy of his course critique is attached for your information.

3. Since Flores is an ALT Instructor, we plan to dispense with the formality of a post-training questionnaire.


Walter R. Cox

Originated by:

E-2 Impdet.
Classified by 024097.

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CTR/ALT
Staff

Trainee: Mr. Daniel Flores
Instructor: Mr. []

August 1976 -

To assist us in making decisions about future SAI training or application, your answers to the following questions will be most appreciated.

1. Do you feel SAI training was helpful to you? (If you choose to do so, please explain why or how.) This course was extremely useful to me. One of the main features of the course -- how to perceive the other's person's objectives before your own -- was of particular interest because, as an instructor it will be one of the main tools I will use in evaluating the level of understanding of each trainee. This experience will also be very helpful to me in my career as a case officer. I can think of several instances where SAI could have helped me turn several failures (recruitment pitches) into successes.

2. Did SAI training provide you with any concepts or tools which can be applied in a practical way to your work problems? To your personal life? Any examples you care to mention?

The benefits that this course will provide for me in my job as an instructor are clear. I am absolutely certain that putting the SAI concept into practice will bring forth not only self satisfaction but career benefits as well. This will also be very helpful to me in my personal life. I can see now that some of the concepts will be put to work immediately.

3. What elements, segments, or aspects of the SAI training were of the most interest or use to you?

The greatest revelation from an operational point of view, was the clarification of perhaps an erroneous idea we have about obtaining our intelligence objectives. I always operated under the belief that the most important thing in my work was to attain my objectives, i.e. the recruitment of an agent. SAI revealed that this is true but it also revealed that it is more important to first consider the target's (agent's) objectives. Once we do this our chances (in my opinion after taking SAI) success would probably increase by at least 90 per cent. If I were to stress one point it would be that more emphasis be placed on dealing with the target's rather than the CO's objectives.

4. Would you recommend SAI training for other of our personnel?

I am sure that many people would be recommended for this training and that all would benefit from it. However, I would strongly recommend that personnel officers be given SAI as a prerequisite to their job. It would certainly help them in dealing with large numbers of different people.

5. What other components or categories of personnel do you believe would benefit from SAI training to a degree making it worthwhile for them to receive it?

6. Please comment, if you have any definite opinion, on the duration and pace of the training: too long/short? too fast/slow? The pace of the course was excellent. However, adding one or two more days would certainly help in putting the SAI concepts into practice by the trainee himself. That is, perhaps a live exercise with a person who is not aware of the training situation. A trainee could be tasked to elicit information from an unwitting participant. The use of videotapes and/or movies would help in testing the trainees perceptiveness through the course.

7. Any other comments you may wish to make:

A brief comment about the instructor. He was definitely responsible for the success of the course. Mr. [] showed excellent knowledge of the SAI material and throughout the course kept the student's interest alive by showing tremendous enthusiasm in what he was teaching. The end result of the professionalism that Mr. [] demonstrated in the class is reflected in the comments stated here and in the confidence he instilled in me personally.

8. On a scale of 1 to 5, how would you rate SAI training in relation to other training you have received from the Agency? Please encircle applicable number:

Non-Essential	Slightly Helpful	Generally Helpful	Very Helpful	Essential
1	2	3	4	5
				X

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				25 June 1976	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
036130		FLORES, Daniel			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
Reassignment			MONTH DAY YEAR 06 21 76		Regular
6. FUNDS		7. PAY AND NTCA		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
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9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDA/OTR Functional Training Division Operations Training Branch			Washington, D.C.		
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
Instructor-Ops			BD33		DQB
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		17. SALARY OR RATE	
GS		1712.32		20678	
16. GRADE AND STEP 12 3					
18. REMARKS					
CONCUR: <u>[Signature]</u> LA/PERS 20678206 Acknowledgment of Cataloging BAC 1010/1010 payroll security Concurrence: DDO/MSB/MPC					
19A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
Harry E. Fitzwater, DTR		25 June 76		DDO/CMG/12	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. EMPLOYEE CODE	24. HONORARY CODE
37	10	17500	CTR	75013	
25. RET. PREFERENCE	26. DATE COMP. DATE	27. LONG. COMP. DATE	28. (MIS) CATEGORY	29. (MIS) HEALTH INSURANCE	30. (MIS) HEALTH INSURANCE
31. PERSONNEL (EXCLUDED) SERVICE	32. LEAVE (LT)	33. (MIS) LEAVE	34. (MIS) LEAVE	35. (MIS) LEAVE	36. (MIS) LEAVE
37. (MIS) LEAVE					

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REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
						26 AUGUST 1975	
1. SERIAL NUMBER 036130 ✓		2. NAME (Last-First-Middle) FLORES, DANIEL ✓					
3. NATURE OF PERSONNEL ACTION CONVERSION FROM <input type="checkbox"/> STATUS				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 14 75		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V		V TO C C TO C		7. FAN AND NICA 6135-4534-0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/LATIN AMERICA DIVISION CUBA OPERATIONS GROUP OPS BRANCH				10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.			
11. POSITION TITLE OPERATIONS OFFICER ✓ (14)				12. POSITION NUMBER CQ65 ✓		13. CAREER SERVICE DESIGNATION DQB. ✓	
14. CLASSIFICATION SCHEDULE (GS, ZB, etc.) GS		15. OCCUPATIONAL SERIES 0136.01 ✓		16. GRADE AND STEP 12 2 ✓		17. SALARY OR RATE \$ 19,078 ✓	
18. REMARKS							
18A. SIGNATURE OF REQUESTING OFFICIAL H.L. BERTHOLD, C/LA/PERS				DATE SIGNED 26 AUG 75		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Signature]	
DATE SIGNED [Signature]							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 56	20. EMPLOY CODE 10	21. OFFICE CODE 51400	22. STATION CODE LA	23. INITIALS CODE 17813	24. MODIFIER CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GROSS MO DA YR
27. DATE OF LSI MO DA YR	28. DATE OF BIRTH MO DA YR	29. DATE OF GROSS MO DA YR	30. DATE OF LSI MO DA YR	31. DATE OF BIRTH MO DA YR	32. DATE OF GROSS MO DA YR	33. DATE OF LSI MO DA YR	34. DATE OF BIRTH MO DA YR
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REQUEST FOR PERSONNEL ACTION

DATE PREPARED

10 SEPTEMBER 1974

1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, DANIEL	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 15 74	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS V TO V CF TO V XX CF TO CF	
7. PAN AND NSCA 5135 4534 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION WH/COG OPS BRANCH		10. LOCATION OF OFFICIAL STATION WASH D.C.	
11. POSITION NUMBER OPS OFFICER		12. POSITION NUMBER 1159	
13. CAREER SERVICE DESIGNATION DQB		14. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS	
15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 1	
17. SALARY OR RATE 17,497		18. REMARKS From position 1134	

19. SIGNATURE OF REQUESTING OFFICIAL
H.E. BEUTHOLD D/WH/PERS

20. DATE SIGNED
12 SEP 74

21. SIGNATURE OF APPROVING OFFICER
K. R. R. R.

22. DATE SIGNED
16 Sept 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

23. OFFICE CODE 37 10	24. OFFICE CODE 5135001	25. OFFICE CODE 1159	26. OFFICE CODE 1	27. OFFICE CODE 1	28. OFFICE CODE 1	29. OFFICE CODE 1	30. OFFICE CODE 1	31. OFFICE CODE 1	32. OFFICE CODE 1	33. OFFICE CODE 1	34. OFFICE CODE 1	35. OFFICE CODE 1	36. OFFICE CODE 1	37. OFFICE CODE 1	38. OFFICE CODE 1	39. OFFICE CODE 1	40. OFFICE CODE 1	41. OFFICE CODE 1	42. OFFICE CODE 1	43. OFFICE CODE 1	44. OFFICE CODE 1	45. OFFICE CODE 1	46. OFFICE CODE 1	47. OFFICE CODE 1	48. OFFICE CODE 1	49. OFFICE CODE 1	50. OFFICE CODE 1	51. OFFICE CODE 1	52. OFFICE CODE 1	53. OFFICE CODE 1	54. OFFICE CODE 1	55. OFFICE CODE 1	56. OFFICE CODE 1	57. OFFICE CODE 1	58. OFFICE CODE 1	59. OFFICE CODE 1	60. OFFICE CODE 1	61. OFFICE CODE 1	62. OFFICE CODE 1	63. OFFICE CODE 1	64. OFFICE CODE 1	65. OFFICE CODE 1	66. OFFICE CODE 1	67. OFFICE CODE 1	68. OFFICE CODE 1	69. OFFICE CODE 1	70. OFFICE CODE 1	71. OFFICE CODE 1	72. OFFICE CODE 1	73. OFFICE CODE 1	74. OFFICE CODE 1	75. OFFICE CODE 1	76. OFFICE CODE 1	77. OFFICE CODE 1	78. OFFICE CODE 1	79. OFFICE CODE 1	80. OFFICE CODE 1	81. OFFICE CODE 1	82. OFFICE CODE 1	83. OFFICE CODE 1	84. OFFICE CODE 1	85. OFFICE CODE 1	86. OFFICE CODE 1	87. OFFICE CODE 1	88. OFFICE CODE 1	89. OFFICE CODE 1	90. OFFICE CODE 1	91. OFFICE CODE 1	92. OFFICE CODE 1	93. OFFICE CODE 1	94. OFFICE CODE 1	95. OFFICE CODE 1	96. OFFICE CODE 1	97. OFFICE CODE 1	98. OFFICE CODE 1	99. OFFICE CODE 1	100. OFFICE CODE 1
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REQUEST FOR PERSONNEL ACTION						DATE PREPARED	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Initial) Flores, Daniel				11 July 74	
3. NATURE OF PERSONNEL ACTION Reassignment				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 22 74		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS V TO V CF TO V		V TO CF X CF TO CF		7. PAN AND NSCA 5 0135-4534 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/WH Division WH/COG Ops Support Branch				10. LOCATION OF OFFICIAL STATION Washington, D.C.			
11. POSITION NUMBER Ops Officer (12)				12. POSITION NUMBER 1134		13. CAREER SERVICE DESIGNATION DQB	
14. CLASSIFICATION SCHEDULE (G.S., F.R., etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 1		17. SALARY OR RATE 17,497	
18. REMARKS From [redacted] 57085 * [redacted]							
19. SIGNATURE OF REQUESTING OFFICIAL H. L. Berthold, C/WH/PERS				DATE SIGNED 11 July 74		DATE SIGNED 7/18/74	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 37 10		20. EMPLOY CODE 51500		21. OFFICE CODING ALPHABETIC 75012		22. STATION CODE 1	
23. DATE OF BIRTH MO DA YR		24. DATE OF GRADE MO DA YR		25. DATE OF LST MO DA YR		26. DATE OF SEB MO DA YR	
27. DATE OF SEB MO DA YR		28. DATE OF LST MO DA YR		29. DATE OF SEB MO DA YR		30. DATE OF LST MO DA YR	
31. DATE OF SEB MO DA YR		32. DATE OF LST MO DA YR		33. DATE OF SEB MO DA YR		34. DATE OF LST MO DA YR	
35. DATE OF SEB MO DA YR		36. DATE OF LST MO DA YR		37. DATE OF SEB MO DA YR		38. DATE OF LST MO DA YR	
39. DATE OF SEB MO DA YR		40. DATE OF LST MO DA YR		41. DATE OF SEB MO DA YR		42. DATE OF LST MO DA YR	
43. DATE OF SEB MO DA YR		44. DATE OF LST MO DA YR		45. DATE OF SEB MO DA YR		46. DATE OF LST MO DA YR	
47. DATE OF SEB MO DA YR		48. DATE OF LST MO DA YR		49. DATE OF SEB MO DA YR		50. DATE OF LST MO DA YR	
51. DATE OF SEB MO DA YR		52. DATE OF LST MO DA YR		53. DATE OF SEB MO DA YR		54. DATE OF LST MO DA YR	
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59. DATE OF SEB MO DA YR		60. DATE OF LST MO DA YR		61. DATE OF SEB MO DA YR		62. DATE OF LST MO DA YR	
63. DATE OF SEB MO DA YR		64. DATE OF LST MO DA YR		65. DATE OF SEB MO DA YR		66. DATE OF LST MO DA YR	
67. DATE OF SEB MO DA YR		68. DATE OF LST MO DA YR		69. DATE OF SEB MO DA YR		70. DATE OF LST MO DA YR	
71. DATE OF SEB MO DA YR		72. DATE OF LST MO DA YR		73. DATE OF SEB MO DA YR		74. DATE OF LST MO DA YR	
75. DATE OF SEB MO DA YR		76. DATE OF LST MO DA YR		77. DATE OF SEB MO DA YR		78. DATE OF LST MO DA YR	
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87. DATE OF SEB MO DA YR		88. DATE OF LST MO DA YR		89. DATE OF SEB MO DA YR		90. DATE OF LST MO DA YR	
91. DATE OF SEB MO DA YR		92. DATE OF LST MO DA YR		93. DATE OF SEB MO DA YR		94. DATE OF LST MO DA YR	
95. DATE OF SEB MO DA YR		96. DATE OF LST MO DA YR		97. DATE OF SEB MO DA YR		98. DATE OF LST MO DA YR	
99. DATE OF SEB MO DA YR		100. DATE OF LST MO DA YR		101. DATE OF SEB MO DA YR		102. DATE OF LST MO DA YR	
103. DATE OF SEB MO DA YR		104. DATE OF LST MO DA YR		105. DATE OF SEB MO DA YR		106. DATE OF LST MO DA YR	
107. DATE OF SEB MO DA YR		108. DATE OF LST MO DA YR		109. DATE OF SEB MO DA YR		110. DATE OF LST MO DA YR	
111. DATE OF SEB MO DA YR		112. DATE OF LST MO DA YR		113. DATE OF SEB MO DA YR		114. DATE OF LST MO DA YR	
115. DATE OF SEB MO DA YR		116. DATE OF LST MO DA YR		117. DATE OF SEB MO DA YR		118. DATE OF LST MO DA YR	
119. DATE OF SEB MO DA YR		120. DATE OF LST MO DA YR		121. DATE OF SEB MO DA YR		122. DATE OF LST MO DA YR	
123. DATE OF SEB MO DA YR		124. DATE OF LST MO DA YR		125. DATE OF SEB MO DA YR		126. DATE OF LST MO DA YR	
127. DATE OF SEB MO DA YR		128. DATE OF LST MO DA YR		129. DATE OF SEB MO DA YR		130. DATE OF LST MO DA YR	
131. DATE OF SEB MO DA YR		132. DATE OF LST MO DA YR		133. DATE OF SEB MO DA YR		134. DATE OF LST MO DA YR	
135. DATE OF SEB MO DA YR		136. DATE OF LST MO DA YR		137. DATE OF SEB MO DA YR		138. DATE OF LST MO DA YR	
139. DATE OF SEB MO DA YR		140. DATE OF LST MO DA YR		141. DATE OF SEB MO DA YR		142. DATE OF LST MO DA YR	
143. DATE OF SEB MO DA YR		144. DATE OF LST MO DA YR		145. DATE OF SEB MO DA YR		146. DATE OF LST MO DA YR	
147. DATE OF SEB MO DA YR		148. DATE OF LST MO DA YR		149. DATE OF SEB MO DA YR		150. DATE OF LST MO DA YR	
151. DATE OF SEB MO DA YR		152. DATE OF LST MO DA YR		153. DATE OF SEB MO DA YR		154. DATE OF LST MO DA YR	
155. DATE OF SEB MO DA YR		156. DATE OF LST MO DA YR		157. DATE OF SEB MO DA YR		158. DATE OF LST MO DA YR	
159. DATE OF SEB MO DA YR		160. DATE OF LST MO DA YR		161. DATE OF SEB MO DA YR		162. DATE OF LST MO DA YR	
163. DATE OF SEB MO DA YR		164. DATE OF LST MO DA YR		165. DATE OF SEB MO DA YR		166. DATE OF LST MO DA YR	
167. DATE OF SEB MO DA YR		168. DATE OF LST MO DA YR		169. DATE OF SEB MO DA YR		170. DATE OF LST MO DA YR	
171. DATE OF SEB MO DA YR		172. DATE OF LST MO DA YR		173. DATE OF SEB MO DA YR		174. DATE OF LST MO DA YR	
175. DATE OF SEB MO DA YR		176. DATE OF LST MO DA YR		177. DATE OF SEB MO DA YR		178. DATE OF LST MO DA YR	
179. DATE OF SEB MO DA YR		180. DATE OF LST MO DA YR		181. DATE OF SEB MO DA YR		182. DATE OF LST MO DA YR	
183. DATE OF SEB MO DA YR		184. DATE OF LST MO DA YR		185. DATE OF SEB MO DA YR		186. DATE OF LST MO DA YR	
187. DATE OF SEB MO DA YR		188. DATE OF LST MO DA YR		189. DATE OF SEB MO DA YR		190. DATE OF LST MO DA YR	
191. DATE OF SEB MO DA YR		192. DATE OF LST MO DA YR		193. DATE OF SEB MO DA YR		194. DATE OF LST MO DA YR	
195. DATE OF SEB MO DA YR		196. DATE OF LST MO DA YR		197. DATE OF SEB MO DA YR		198. DATE OF LST MO DA YR	
199. DATE OF SEB MO DA YR		200. DATE OF LST MO DA YR		199. DATE OF SEB MO DA YR		200. DATE OF LST MO DA YR	

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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				18 June 1974	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)			
036130		FLORES DANIEL			
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			MONTH DAY YEAR 06 23 74		REGULAR
6. FUNDS			7. PAY AND GRADE		8. LEGAL AUTHORITY (Completed by Office of Personnel)
<input type="checkbox"/> V TO V <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF			4135708Y UOCC		PL 88-643 SECT. 203
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DDO/WH <i>Division</i>					
11. POSITION TITLE			12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION
					D
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP	17. SALARY OR RATE
				12	\$
18. REMARKS					
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.					
19A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODES	22 STATION CODE	23 OFFICIAL CODE	24 MONTH CODE
		NUMERIC ALPHABETIC			
				3	
25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LIT	28 SECURITY REG NO		
			EOD DATA		
29 RETIREMENT DATA	30 DEPENDENT DATA	31 DEPENDENT CANCELLATION DATA	32 SOCIAL SECURITY NO		
33 RETIREMENT DATA	34 DEPENDENT DATA	35 DEPENDENT CANCELLATION DATA	36 SOCIAL SECURITY NO		
37 RETIREMENT DATA	38 DEPENDENT DATA	39 DEPENDENT CANCELLATION DATA	40 SOCIAL SECURITY NO		
41 RETIREMENT DATA			42 DEPENDENT DATA		
43 RETIREMENT DATA			44 DEPENDENT DATA		
45 RETIREMENT DATA			46 DEPENDENT DATA		
47 RETIREMENT DATA			48 DEPENDENT DATA		
49 RETIREMENT DATA			50 DEPENDENT DATA		
51 RETIREMENT DATA			52 DEPENDENT DATA		
53 RETIREMENT DATA			54 DEPENDENT DATA		
55 RETIREMENT DATA			56 DEPENDENT DATA		
57 RETIREMENT DATA			58 DEPENDENT DATA		
59 RETIREMENT DATA			60 DEPENDENT DATA		
61 RETIREMENT DATA			62 DEPENDENT DATA		
63 RETIREMENT DATA			64 DEPENDENT DATA		
65 RETIREMENT DATA			66 DEPENDENT DATA		
67 RETIREMENT DATA			68 DEPENDENT DATA		
69 RETIREMENT DATA			70 DEPENDENT DATA		
71 RETIREMENT DATA			72 DEPENDENT DATA		
73 RETIREMENT DATA			74 DEPENDENT DATA		
75 RETIREMENT DATA			76 DEPENDENT DATA		
77 RETIREMENT DATA			78 DEPENDENT DATA		
79 RETIREMENT DATA			80 DEPENDENT DATA		
81 RETIREMENT DATA			82 DEPENDENT DATA		
83 RETIREMENT DATA			84 DEPENDENT DATA		
85 RETIREMENT DATA			86 DEPENDENT DATA		
87 RETIREMENT DATA			88 DEPENDENT DATA		
89 RETIREMENT DATA			90 DEPENDENT DATA		
91 RETIREMENT DATA			92 DEPENDENT DATA		
93 RETIREMENT DATA			94 DEPENDENT DATA		
95 RETIREMENT DATA			96 DEPENDENT DATA		
97 RETIREMENT DATA			98 DEPENDENT DATA		
99 RETIREMENT DATA			100 DEPENDENT DATA		

See memo signed by
Director dated 6/21/74

SECRET

FORM 100-101 (1-71)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED 19 NOVEMBER 1973		
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES DANIEL					
3. NATURE OF PERSONNEL ACTION PROMOTION				4. EFFECTIVE DATE REQUESTED MONTH 11 DAY 25 YEAR 73		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V CF TO V		V TO CF CF TO CF		7. TAN AND NSCA 4135 1084 0000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDO/WII DIVISION FOREIGN FIELD BR 3 - [] STATION				10. LOCATION OF OFFICIAL STATION []			
11. POSITION TITLE OPS OFFICER (12)				12. POSITION NUMBER 0136		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, I.B, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 1		17. SALARY OR RATE \$ 17497	
18. REMARKS From: GS-11.4 HOME BASE: WII [] []							
19. []		DATE SIGNED 19 Nov 73		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER []		DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
19. ACTION CODE 22 10		20. EMPLOY CODE 01160		21. OFFICE CODING NUMERIC 0000 ALPHABETIC 0000		22. STATION CODE 0000	
23. INTEGRAL CODE 3		24. MONTHS CODE 3		25. DATE OF BIRTH MO 11 DA 13 YR 13		26. DATE OF GRADE MO 11 DA 13 YR 13	
27. DATE OF LEI MO 11 DA 13 YR 13		28. DATE OF GRADE MO 11 DA 13 YR 13		29. DATE OF LEI MO 11 DA 13 YR 13		30. DATE OF GRADE MO 11 DA 13 YR 13	
31. NET EXPENSES MO. DA YR.		32. SPECIAL REFERENCE []		33. RETIREMENT DATA []		34. SEPARATION DATA CODE []	
35. VET PREFERENCE CODE		36. SERV COMP. DATE MO DA YR		37. LONG COMP DATE MO DA YR		38. CAREER CATEGORY CODE	
39. HEALTH INSURANCE CODE		40. SOCIAL SECURITY NO.		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		42. LEAVE CAT. CODE	
43. FEDERAL TAX DATA FORM EXECUTED CODE		44. STATE TAX DATA FORM EXECUTED CODE		45. POSITION CONTROL CERTIFICATION 23 73		46. DATE APPROVED 23 NOV 73	

FORM 1152

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0311

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(When Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 23 Nov 71	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, DANIEL									
3. NATURE OF PERSONNEL ACTION PROMOTION					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 28 71			5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO CHARGEABLE 2135 1084		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
CF TO V		X		CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS DDP/WH <i>Division</i> FOREIGN FIELD BRANCH 3 - <input type="text"/> STATION					10. LOCATION OF OFFICIAL STATION <input type="text"/>						
11. POSITION TITLE OPS OFFICER (12)					12. POSITION NUMBER 0136		13. CAREER SERVICE DESIGNATION D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS			15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 11 3		17. SALARY OR RATE \$ 13,457				
18. REMARKS From GS 10. 3 * <input type="text"/>											
18A. SIGNATURE OF RECOMMENDING OFFICIAL <input type="text"/>				DATE SIGNED 23 Nov 71		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <input type="text"/>		DATE SIGNED 11/24/71			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 22		20. EMPLOY CODE 10		21. OFFICE CODING NUMERIC ALPHABETIC 51760 WH		22. STATION CODE 57035		23. INTEGRAL CODE <input type="text"/>			
24. MOOTIES CODE 3		25. DATE OF BIRTH MO. DA. YR. 11 25 71		26. DATE OF GRADE MO. DA. YR. 11 25 71		27. DATE OF LEL MO. DA. YR. 11 25 71					
28. NTE EXPIRY MO. DA. YR. <input type="text"/>		29. SPECIAL REFERENCE 1-CSC 2-ORCA 3-FICA 4-BOER		30. RETIREMENT DATA CODE <input type="text"/>		31. SEPARATION DATA CODE <input type="text"/>		32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR. <input type="text"/>			
33. SECURITY REG. NO		34. SEX		35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO. DA. YR. <input type="text"/>		37. LONG COMP DATE MO. DA. YR. <input type="text"/>			
38. CAREER CATEGORY LAP RES PROV. TEMP		39. LEGAL/HEALTH INSURANCE CODE 0-WAIVER 1-REG 2-REG/OPT 3-UNRELIABLE		40. SOCIAL SECURITY NO		41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO OTHER US SERVICE 2-OTHER US SERVICE (LESS THAN 3 YEARS) 3-OTHER US SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE <input type="text"/>			
43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO		45. POSITION CONTROL CERTIFICATION <i>11-26-71</i>		46. O P APPROVAL <input type="text"/>		DATE APPROVED 11/24/71			

FORM 1152 USE PREVIOUS EDITION

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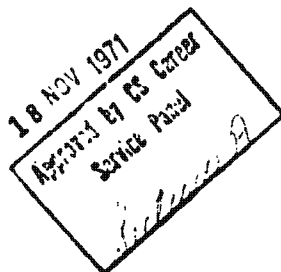
GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

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SECRET
(When Filled In)

REPORT OF SERVICE ABROAD												
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> FILE PUNCHED BY </div> TO: Office of Personnel, Transactions and Records Branch, Status Section												
SERIAL NO.		NAME										
		LAST		FIRST				MIDDLE				
1-6		(Print)		7-24								
036130		FLORES		DANIEL								
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (<i>One only</i>). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE			
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (<i>Basic</i>) 3 - CORRECTION 5 - CANCELLATION			37	38	39	
09	24	71							1			
										570		
TDY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE			
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (<i>Basic</i>) 4 - CORRECTION 6 - CANCELLATION			37	38	39	
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
✓ CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT						
OTHER (<i>Specify</i>)												
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD						
178740						9/10/71						
REMARKS												
PREPARED BY		REPORT AUGMENTED ON CONTROL DOCUMENT		ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED								
DCO		DATE		SIGNATURE								
C & L DIVISION CYBB.		9/14/71										
C & T DIVISION												
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

SECRET
EYES ONLY



17 AUG 1971

MEMORANDUM FOR: Secretary, CSCS Panel A

SUBJECT : Recommendation for Promotion to Grade
GS-11, Daniel Flores

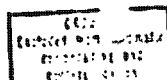
1. It is recommended that Mr. Daniel Flores be promoted from GS-10 to GS-11.

2. Mr. Flores is 36 years old and joined the Agency in March 1962. He has successively been a file clerk, translator, intelligence assistant, career trainee and operations officer. He worked part time for several years so that he could obtain his BA degree from American University. This he did in 1967 with his specialty being Latin American Affairs.

3. Mr. Flores, who is bilingual in English and Spanish, has just completed his first overseas tour as an operations officer in [redacted]. It is on the basis of his very fine performance during this tour that this promotion request is based. Also as a result of his record in [redacted] he has been assigned to [redacted] Station as an operations officer in a position which is rated as GS-13.

4. The Chief of Base, [redacted] and the Chief of Station, [redacted] both have rated Mr. Flores as "Strong" in his fitness reports and both have stated that his performance in [redacted] merited a Quality Step Increase. This QSI request is currently being processed and is based on the outstanding job Mr. Flores did in connection with a very sensitive [redacted] operation. He planned the [redacted] aspects, supervised the installation, located the [redacted] recruited the [redacted] and processed all the intelligence which was produced. The intelligence derived from this source has been of consistently high quality and the operation has been described by the Chief of Station, [redacted] as the best and most productive of all the operations in [redacted]. Throughout all aspects of the operation, Mr. Flores maintained tight control on its security and avoided any problems in this respect.

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5. By his performance in [] Mr. Flores has demonstrated that he has found his proper role as an operations officer and that he has potential for growth in this area of endeavor. WII Division strongly recommends that he be promoted to GS-11.

James E. Shapley
William V. Proctor
Chief
Western Hemisphere Division

SECRET
EYES ONLY

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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES DANIEL		7 September 1971	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 09 14 71		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CP TO V	V TO CP X CP TO CP	7. FINANCIAL ANALYSIS NO CHARGEABLE 2135 1084		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 3 STATION			10. LOCATION OF OFFICIAL STATION		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 0136	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 10 3	17. SALARY OR RATE \$ 12235	
18. REMARKS From DDP/WH #0376 Vice Approved 259a attached. From 259a: Mr. Flores' Spanish capabilities are native reading and high speaking which more than meet the language requirements of intermediate reading and speaking for the Station.					
18A. SIGNATURE OF REQUESTING OFFICIAL Henry L. Berthold, C/WH/Pers		DATE SIGNED 9/13/71		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER DATE SIGNED	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 37 10	20. EMPLOY CODE 51 100	21. OFFICE CODING NUMERIC ALPHABETIC 51 100 6.0	22. STATION CODE 5705	23. INTEGRAL CODE	24. MODIFIERS CODE 3
25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEL	28. SECURITY REQ. NO		
29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA	EOD DATA	
33. VET PREFERENCE	34. SERV COMP DATA	35. LONG COMP DATA	36. CAREER CATEGORY	37. FEGLI HEALTH INSURANCE	38. SOCIAL SECURITY NO
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE	40. LEAVE CAT CODE	41. FEDERAL TAX DATA	42. STATE TAX DATA	43. POSITION SECURITY	
44. POSITION CONTROL CERTIFICATION	45. OF APPROVAL		DATE APPROVED		

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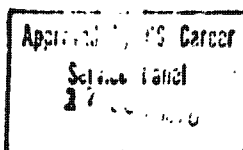
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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED																																																																																																									
1 SERIAL NUMBER 036130				2 NAME (Last-First-Middle) FLORES, DANIEL																																																																																																									
3 NATURE OF PERSONNEL ACTION PROMOTION		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 26 70		5 CATEGORY OF EMPLOYMENT REGULAR																																																																																																									
6 FUNDS V TO V CF TO V X CF TO CF		7 FINANCIAL ANALYSIS NO CHARGEABLE 1135 0884		8 LEGAL AUTHORITY (Completed by Office of Personnel)																																																																																																									
9 ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 3 STATION BASE		10 LOCATION OF OFFICIAL STATION																																																																																																											
11 POSITION TITLE OPS OFFICER (09)		12 POSITION NUMBER 0376		13 CAREER SERVICE DESIGNATION D																																																																																																									
14 CLASSIFICATION SCHEDULE (GS, FS, IN.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 10 2																																																																																																									
17 SALARY OR RATE \$ 10559 // 23/																																																																																																													
18 REMARKS * PRA NTE TWO YEARS IN ACCORDANCE WITH HR 20-17d(1)(a). FORMERLY A GS-9-3, \$10539 *																																																																																																													
19A SIGNATURE OF REQUESTING OFFICIAL HENRY L. BERTHOID		DATE SIGNED 21 July 70		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL [Signature]																																																																																																									
DATE SIGNED [Signature]																																																																																																													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																																																																																													
<table border="1"> <tr> <td>19 ACTION CODE 32</td> <td>20 EMPLOY CODE 10</td> <td>21 OFFICE CODES 51780/604</td> <td>22 STATION CODE 17553</td> <td>23 OFFICIAL CODE 3</td> <td>24 DATE OF BIRTH [Blank]</td> <td>25 DATE OF GRADE [Blank]</td> <td>26 DATE OF 1ST [Blank]</td> </tr> <tr> <td>27 DATE OF 2ND [Blank]</td> <td>28 DATE OF 3RD [Blank]</td> <td>29 DATE OF 4TH [Blank]</td> <td>30 DATE OF 5TH [Blank]</td> <td>31 DATE OF 6TH [Blank]</td> <td>32 DATE OF 7TH [Blank]</td> <td>33 DATE OF 8TH [Blank]</td> <td>34 DATE OF 9TH [Blank]</td> </tr> <tr> <td colspan="4">35 DATE OF 10TH [Blank]</td> <td colspan="4">36 DATE OF 11TH [Blank]</td> </tr> <tr> <td colspan="4">37 DATE OF 12TH [Blank]</td> <td colspan="4">38 DATE OF 13TH [Blank]</td> </tr> <tr> <td colspan="4">39 DATE OF 14TH [Blank]</td> <td colspan="4">40 DATE OF 15TH [Blank]</td> </tr> <tr> <td colspan="4">41 DATE OF 16TH [Blank]</td> <td colspan="4">42 DATE OF 17TH [Blank]</td> </tr> <tr> <td colspan="4">43 DATE OF 18TH [Blank]</td> <td colspan="4">44 DATE OF 19TH [Blank]</td> </tr> <tr> <td colspan="4">45 DATE OF 20TH [Blank]</td> <td colspan="4">46 DATE OF 21ST [Blank]</td> </tr> <tr> <td colspan="4">47 DATE OF 22ND [Blank]</td> <td colspan="4">48 DATE OF 23RD [Blank]</td> </tr> <tr> <td colspan="4">49 DATE OF 24TH [Blank]</td> <td colspan="4">50 DATE OF 25TH [Blank]</td> </tr> <tr> <td colspan="4">51 DATE OF 26TH [Blank]</td> <td colspan="4">52 DATE OF 27TH [Blank]</td> </tr> <tr> <td colspan="4">53 DATE OF 28TH [Blank]</td> <td colspan="4">54 DATE OF 29TH [Blank]</td> </tr> <tr> <td colspan="4">55 DATE OF 30TH [Blank]</td> <td colspan="4">56 DATE OF 31ST [Blank]</td> </tr> </table>						19 ACTION CODE 32	20 EMPLOY CODE 10	21 OFFICE CODES 51780/604	22 STATION CODE 17553	23 OFFICIAL CODE 3	24 DATE OF BIRTH [Blank]	25 DATE OF GRADE [Blank]	26 DATE OF 1ST [Blank]	27 DATE OF 2ND [Blank]	28 DATE OF 3RD [Blank]	29 DATE OF 4TH [Blank]	30 DATE OF 5TH [Blank]	31 DATE OF 6TH [Blank]	32 DATE OF 7TH [Blank]	33 DATE OF 8TH [Blank]	34 DATE OF 9TH [Blank]	35 DATE OF 10TH [Blank]				36 DATE OF 11TH [Blank]				37 DATE OF 12TH [Blank]				38 DATE OF 13TH [Blank]				39 DATE OF 14TH [Blank]				40 DATE OF 15TH [Blank]				41 DATE OF 16TH [Blank]				42 DATE OF 17TH [Blank]				43 DATE OF 18TH [Blank]				44 DATE OF 19TH [Blank]				45 DATE OF 20TH [Blank]				46 DATE OF 21ST [Blank]				47 DATE OF 22ND [Blank]				48 DATE OF 23RD [Blank]				49 DATE OF 24TH [Blank]				50 DATE OF 25TH [Blank]				51 DATE OF 26TH [Blank]				52 DATE OF 27TH [Blank]				53 DATE OF 28TH [Blank]				54 DATE OF 29TH [Blank]				55 DATE OF 30TH [Blank]				56 DATE OF 31ST [Blank]			
19 ACTION CODE 32	20 EMPLOY CODE 10	21 OFFICE CODES 51780/604	22 STATION CODE 17553	23 OFFICIAL CODE 3	24 DATE OF BIRTH [Blank]	25 DATE OF GRADE [Blank]	26 DATE OF 1ST [Blank]																																																																																																						
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SECRET
EYES ONLY



2 JUN 1970

MEMORANDUM FOR: Secretary, CSCS Panel (Section C)


SUBJECT : Recommendation for Promotion to Grade
GS-10, Daniel Flores

1. It is recommended that Mr. Daniel Flores be promoted from GS-9 to GS-10. Mr. Flores has been in his present grade since April 1969.

2. Mr. Flores joined the Agency in 1962. Initially he was employed on a part-time basis in the WH Division while attending American University. He received his AB degree in 1967 and became a full-time staff employee. On the strong recommendation of his supervisors, Mr. Flores was accepted for the Career Training Program which he completed in August 1968. After rejoining the WH Division, he was selected for assignment as an operations officer at the [] Base, where he arrived in May 1969.

3. Mr. Flores has made a most impressive beginning in []. He has adapted to new tasks and a new environment with a mature assurance and a professional approach. Shortly after arrival in [] the Base was temporarily depleted of other officers. Mr. Flores carried out the duties of acting Chief of Base in a most commendable manner. His fluency in Spanish and his Latin background have been definite assets in the performance of his duties. His performance to date has demonstrated that he handles his agents securely and productively. Both Mr. Flores and his wife have been well accepted within the local community and they carry out their representational duties very effectively.

4. Mr. Flores has proven to be a competent operations officer. As he further develops through experience and responsibility he should become eligible for rapid advancement. In any case he is already performing at a level higher than his present grade and a promotion at this time is strongly recommended.


William V. Broe
Chief
Western Hemisphere Division

SECRET
EYES ONLY

DISPATCH

CLASSIFICATION
RYBAT
SECRET

TO: Chief, WI Division

FROM: Chief of Station, [redacted]

SUBJECT: Chief of Base, [redacted]

ADMINISTRATIVE/PERSONNEL - Promotion for [redacted]

ACTION REQUIRED: PHOTOCOPY

ACTION REQUIRED: See Below

Approved by CS Career
Service Panel
17 JUL 1970

JAMES FLORES

During the visit of the Chief, WID to the Base last November 1969 he mentioned to the COS, [redacted] and the COB that the promotion for ^{Flores} [redacted] (from GS-9 to GS-10) would be forthcoming; he also said this to ^{Flores} [redacted] during a private meeting. Thus far, however, there has been no notice of the promotion action. The COB assumes that the delay is related in some way to the dates set for meeting of the promotion panel for ^{Flores} [redacted] grade. If this assumption is not correct, however, and some further action by the Base is necessary in addition to the recommendation contained in ^{Flores} [redacted] last Fitness Report, the COB would appreciate being advised.

Distribution:
Orig. & 2 - C/WID
2 - COS, [redacted]

/s/ [redacted]

DISPATCH NO

DISPATCH SYMBOL AND NUMBER

DATE

HEAT-1070

26 May 1970

CLASSIFICATION

PGI FILE NUMBER

RYBAT

SECRET

DATE PREPARED

9 APRIL 1969

SECRET

100-443887-100

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 036130		2 NAME (Last-First-Middle) FLORES, DANIEL		3 April 1969	
3 NATURE OF PERSONNEL ACTION PROMOTION, TRANSFER TO FUNDS, AND CHANGE OF SERVICE DESIGNATION			4 EFFECTIVE DATE REQUESTED MONTH 04 DAY 06 YEAR 69		5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS 	V TO V CF TO V	X V TO CF CF TO CF	7 FINANCIAL ANALYSIS NO CHARGEABLE 9135 0884		8 LEGAL AUTHORITY (Completed by Office of Personnel)
9 ORGANIZATIONAL DESIGNATIONS DDP7WH FOREIGN FIELD BRANCH #3 STATION BASE			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE OPS OFFICER		12 POSITION NUMBER 0376	13 CAREER SERVICE DESIGNATION D		
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15 OCCUPATIONAL SERIES 0136,01	16 GRADE AND STEP 09 2	17 SALARY OR RATE \$ 8744	
18 REMARKS <p>APPROVED 259a ATTACHED.</p> <p>FROM: DDP/WH/Branch 4/Pos. 1441. GS-08, step 2, \$7956/annum.</p> <p>I CONCUR IN CHANGE OF SERVICE DESIGNATION FROM SJ TO D:</p> <p><i>(Signed on original)</i> 3 Apr 69</p> <p align="right">CONCUR: OTR/PERS</p>					
18a SIGNATURE OF REQUESTING OFFICIAL HENRY L. BERTHOLD		DATE SIGNED 3 APR 69		DATE SIGNED 4 APR 1969	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 20	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC 5170 ALPHABETIC WH	22 STATION CODE A559	23 INTEGRAL CODE 3	24 MONTHS 3
25 DATE OF BIRTH MO 04 DA 10 YR 67		26 DATE OF GRADE MO 04 DA 10 YR 67		27 DATE OF LET MO 04 DA 10 YR 67	
28 NTE EXPIRES MO 04 DA 10 YR 67	29 SPECIAL REFERENCE	30 RETIREMENT DATA CODE	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO DA YR	33 SECURITY REG NO
34 NET PREFERENCE CODE	35 SERV COMP DATE MO DA YR	37 LONG COMP DATE MO DA YR	38 CAREER CATEGORY CODE	39 FEGLI HEALTH INSURANCE CODE	40 SOCIAL SECURITY NO
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE		42 LEAF CAT CODE	43 FEDERAL TAX DATA FORM EXEMPTED CODE		44 STATE TAX DATA FORM EXEMPTED CODE
45 POSITION CONTROL CERTIFICATION		46 OF APPROVAL		DATE APPROVED	

FORM 1152 1-67 PREVIOUS EDITIONS

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				23 SEPTEMBER 1968	
1 SERIAL NUMBER		2 NAME (Last-First-Middle)			
036130		FLORES, DANIEL			
3 NATURE OF PERSONNEL ACTION			4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT
REASSIGNMENT			MONTH DAY YEAR 10 06 68		REGULAR
6 FUNDS			7 FINANCIAL ANALYSIS NO CHARGEABLE		8 LEGAL AUTHORITY (Completed by Office of Personnel)
XX V TO V CF TO V			9235 0620		
9 ORGANIZATIONAL DESIGNATIONS			10 LOCATION OF OFFICIAL STATION		
DDP/WH BRANCH 4 SECTION			WASH., D. C.		
11 POSITION TITLE			12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION
Ops Officer X CAREER TRAINING			(9) 1441		SS
14 CLASSIFICATION SCHEDULE (GS, FS, etc.)		15 OCCUPATIONAL SERIES	16 GRADE AND STEP		17 SALARY OR RATE
GS		0136.01 XXXXXX	08 2		\$7,956
18 REMARKS					
FROM: DDS/OTR/CAREER TRAINING PROGRAM/0748					
<p>1 - Finance</p> <p>1 - Security</p> <p>CONCUR: OTR/CTP</p>					
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B SIGNATURE OF APPROVING OFFICER
HENRY L. BERTHOLD C/WH/PERSONNEL			24 SEP 68		C/CTP
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGRAL CODE	24 HQ/PTS CODE
37	10	NUMERIC ALPHABETIC 51450 WH 72212			
25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LES	28 DATE OF BIRTH	29 DATE OF GRADE	30 DATE OF LES
MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR	MO DA YR
31 SPECIAL REFERENCE	32 RETIREMENT DATA	33 SEPARATION DATA CODE	34 CORRECTION CANCELLATION DATA	35 SECURITY REQ NO.	36 SEX
MO DA YR	MO DA YR	MO DA YR	MO DA YR		
37 VET PREFERENCE	38 SERV COMP DATE	39 LONG COMP DATE	40 CAREER CATEGORY	41 FICA HEALTH INSURANCE	42 SOCIAL SECURITY NO.
CODE	MO DA YR	MO DA YR	CODE	CODE	
43 PERIODS (FEDERAL GOVERNMENT SERVICE)	44 LEAVE CAT	45 FEDERAL TAX DATA	46 STATE TAX DATA	47 SOCIAL SECURITY NO.	48 SEX
CODE	CODE	CODE	CODE		
49 POSITION CONTROL CERTIFICATION	50 APPROVAL	51 DATE	52	53	54

FORM 1152 USE PREVIOUS EDITION

SECRET

FORM 1152 USE PREVIOUS EDITION

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								12 June 1968	
36130		FLORES, Daniel									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
PROMOTION					MONTH DAY YEAR 05 15 68			REGULAR			
6. FUNDS		XX		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
		CF TO V		CF TO CF				8375 2100			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
DCG/OTR CAREER TRAINING PROGRAM					WASHINGTON, D.C.						
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION			
CAREER TRAINEE					0788			SJ			
14. CLASSIFICATION SCHEDULE (GS, I.R., etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE			
GS			0090.01		08 2			\$ 7630 ✓			
18. REMARKS											
18A. SIGNATURE OF REQUESTING OFFICIAL				DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED	
						C/CTP				6/13/68	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. NOTES CODE	
22		10		NUMERIC ALPHABETIC 08300 CTP		75213					
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LES		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
31. DATE OF BIRTH		32. DATE OF GRADE		33. DATE OF LES		34. DATE OF BIRTH		35. DATE OF GRADE		36. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
37. DATE OF BIRTH		38. DATE OF GRADE		39. DATE OF LES		40. DATE OF BIRTH		41. DATE OF GRADE		42. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
43. DATE OF BIRTH		44. DATE OF GRADE		45. DATE OF LES		46. DATE OF BIRTH		47. DATE OF GRADE		48. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
49. DATE OF BIRTH		50. DATE OF GRADE		51. DATE OF LES		52. DATE OF BIRTH		53. DATE OF GRADE		54. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
55. DATE OF BIRTH		56. DATE OF GRADE		57. DATE OF LES		58. DATE OF BIRTH		59. DATE OF GRADE		60. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
61. DATE OF BIRTH		62. DATE OF GRADE		63. DATE OF LES		64. DATE OF BIRTH		65. DATE OF GRADE		66. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
67. DATE OF BIRTH		68. DATE OF GRADE		69. DATE OF LES		70. DATE OF BIRTH		71. DATE OF GRADE		72. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
73. DATE OF BIRTH		74. DATE OF GRADE		75. DATE OF LES		76. DATE OF BIRTH		77. DATE OF GRADE		78. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
79. DATE OF BIRTH		80. DATE OF GRADE		81. DATE OF LES		82. DATE OF BIRTH		83. DATE OF GRADE		84. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
85. DATE OF BIRTH		86. DATE OF GRADE		87. DATE OF LES		88. DATE OF BIRTH		89. DATE OF GRADE		90. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
91. DATE OF BIRTH		92. DATE OF GRADE		93. DATE OF LES		94. DATE OF BIRTH		95. DATE OF GRADE		96. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
97. DATE OF BIRTH		98. DATE OF GRADE		99. DATE OF LES		100. DATE OF BIRTH		101. DATE OF GRADE		102. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
103. DATE OF BIRTH		104. DATE OF GRADE		105. DATE OF LES		106. DATE OF BIRTH		107. DATE OF GRADE		108. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
109. DATE OF BIRTH		110. DATE OF GRADE		111. DATE OF LES		112. DATE OF BIRTH		113. DATE OF GRADE		114. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
115. DATE OF BIRTH		116. DATE OF GRADE		117. DATE OF LES		118. DATE OF BIRTH		119. DATE OF GRADE		120. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
121. DATE OF BIRTH		122. DATE OF GRADE		123. DATE OF LES		124. DATE OF BIRTH		125. DATE OF GRADE		126. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
127. DATE OF BIRTH		128. DATE OF GRADE		129. DATE OF LES		130. DATE OF BIRTH		131. DATE OF GRADE		132. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
133. DATE OF BIRTH		134. DATE OF GRADE		135. DATE OF LES		136. DATE OF BIRTH		137. DATE OF GRADE		138. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
139. DATE OF BIRTH		140. DATE OF GRADE		141. DATE OF LES		142. DATE OF BIRTH		143. DATE OF GRADE		144. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
145. DATE OF BIRTH		146. DATE OF GRADE		147. DATE OF LES		148. DATE OF BIRTH		149. DATE OF GRADE		150. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
151. DATE OF BIRTH		152. DATE OF GRADE		153. DATE OF LES		154. DATE OF BIRTH		155. DATE OF GRADE		156. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
157. DATE OF BIRTH		158. DATE OF GRADE		159. DATE OF LES		160. DATE OF BIRTH		161. DATE OF GRADE		162. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
163. DATE OF BIRTH		164. DATE OF GRADE		165. DATE OF LES		166. DATE OF BIRTH		167. DATE OF GRADE		168. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
169. DATE OF BIRTH		170. DATE OF GRADE		171. DATE OF LES		172. DATE OF BIRTH		173. DATE OF GRADE		174. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
175. DATE OF BIRTH		176. DATE OF GRADE		177. DATE OF LES		178. DATE OF BIRTH		179. DATE OF GRADE		180. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
181. DATE OF BIRTH		182. DATE OF GRADE		183. DATE OF LES		184. DATE OF BIRTH		185. DATE OF GRADE		186. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
187. DATE OF BIRTH		188. DATE OF GRADE		189. DATE OF LES		190. DATE OF BIRTH		191. DATE OF GRADE		192. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
193. DATE OF BIRTH		194. DATE OF GRADE		195. DATE OF LES		196. DATE OF BIRTH		197. DATE OF GRADE		198. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
199. DATE OF BIRTH		200. DATE OF GRADE		201. DATE OF LES		202. DATE OF BIRTH		203. DATE OF GRADE		204. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
205. DATE OF BIRTH		206. DATE OF GRADE		207. DATE OF LES		208. DATE OF BIRTH		209. DATE OF GRADE		210. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
211. DATE OF BIRTH		212. DATE OF GRADE		213. DATE OF LES		214. DATE OF BIRTH		215. DATE OF GRADE		216. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
217. DATE OF BIRTH		218. DATE OF GRADE		219. DATE OF LES		220. DATE OF BIRTH		221. DATE OF GRADE		222. DATE OF LES	
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223. DATE OF BIRTH		224. DATE OF GRADE		225. DATE OF LES		226. DATE OF BIRTH		227. DATE OF GRADE		228. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
229. DATE OF BIRTH		230. DATE OF GRADE		231. DATE OF LES		232. DATE OF BIRTH		233. DATE OF GRADE		234. DATE OF LES	
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235. DATE OF BIRTH		236. DATE OF GRADE		237. DATE OF LES		238. DATE OF BIRTH		239. DATE OF GRADE		240. DATE OF LES	
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241. DATE OF BIRTH		242. DATE OF GRADE		243. DATE OF LES		244. DATE OF BIRTH		245. DATE OF GRADE		246. DATE OF LES	
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247. DATE OF BIRTH		248. DATE OF GRADE		249. DATE OF LES		250. DATE OF BIRTH		251. DATE OF GRADE		252. DATE OF LES	
MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.		MO. DA. YR.	
253. DATE OF BIRTH		254. DATE OF GRADE		255. DATE OF LES		256. DATE OF BIRTH		257. DATE OF GRADE		258. DATE OF LES	
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259. DATE OF BIRTH		260. DATE OF GRADE		261. DATE OF LES		262. DATE OF BIRTH		263. DATE OF GRADE		264. DATE OF LES	
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277. DATE OF BIRTH		278. DATE OF GRADE		279. DATE OF LES		280. DATE OF BIRTH		281. DATE OF GRADE		282. DATE OF LES	
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283. DATE OF BIRTH		284. DATE OF GRADE		285. DATE OF LES		286. DATE OF BIRTH					

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1 SERIAL NUMBER 036130		2 NAME (Last-First-Middle) FLORES, Daniel		28 November 1967	
3 NATURE OF PERSONNEL ACTION PROMOTION AND CHANGE OF SERVICE DESIGNATION			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 12 22 67		5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS XX V TO V CF TO V		7 FINANCIAL ANALYSIS NO CHARGEABLE 8275 2100		8 LEGAL AUTHORITY (Completed by Office of Personnel)	
9 ORGANIZATIONAL DESIGNATIONS DDS/OTR CAREER TRAINING PROGRAM			10 LOCATION OF OFFICIAL STATION WASHINGTON, D.C.		
11 POSITION TITLE CAREER TRAINEE			12 POSITION NUMBER 0 748		13 CAREER SERVICE DESIGNATION SJ
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15 OCCUPATIONAL SERIES 0090.71		16 GRADE AND STEP 07 82	
17 SALARY OR RATE \$ 6664.6957					
18 REMARKS From: DDP/WH/COG/Intelligence Branch/Operations Support Section, #1174. Subject has concurred in Change of Service Designation from D to SJ. CONCUR: <u>Henry L. Berthold</u> Chief, WH Personnel Security Approval: <u>12/25/67</u> <u>11/18/67</u>					
19A SIGNATURE OF REQUESTING OFFICIAL Robert B. Freeman, C/CTP		DATE SIGNED		19B SIGNATURE OF APPROVING OFFICIAL JOHN RICHARDSON, DTR DATE SIGNED 11/18/67	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19 ACTION CODE 22	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC 28300	22 STATION CODE CTP	23 INTEGRAL CODE 76013	24 MOBILE CODE 1
25 DATE OF BIRTH MO DA YR 12 17 61		26 DATE OF GRADE MO DA YR 12 17 67		27 DATE OF LEI MO DA YR 12 17 67	
28 RET EXPIRES MO DA YR		29 SPECIAL REFERENCE 1 - C 2 - O 3 - F 4 - B		30 RETIREMENT DATA CODE	
31 SEPARATION DATA CODE		32 CORRECTION LABELLING DATA TYPE MO DA YR		33 SECURITY RES NO	
34 VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		35 SERV COMP DATE MO DA YR		36 LONG COMP DATE MO DA YR	
37 CAREER CATEGORY CODE 1 - 1 2 - 2 3 - 3		38 FEGLI HEALTH INSURANCE CODE 0 - NONE 1 - 1 2 - 2		39 SOCIAL SECURITY NO	
40 PREVIOUS (FEDERAL GOVERNMENT SERVICE) CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (1-10 YEARS) 3 - BREAK IN SERVICE (MORE THAN 10 YEARS)		41 LEAVE (LST) CODE		42 FEDERAL TAX DATA CODE 1 - YES 2 - NO	
43 STATE TAX DATA CODE 1 - YES 2 - NO		44 STATE TAX DATA CODE 1 - YES 2 - NO		45 STATE TAX DATA CODE 1 - YES 2 - NO	
46 POSITION CONTROL CERTIFICATION RF 12 2-67			47 DATE APPROVED 11/18/67		

1152 USE PREVIOUS EDITION

SECRET

CONFIDENTIAL

26 October 1967

MEMORANDUM FOR: Daniel Flores

THROUGH : Executive Secretary
CSCT Selection Board

SUBJECT : Application for Career Training Program

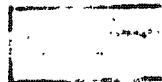
1. I am pleased to inform you that you have been accepted for the Career Training Program. Let me congratulate you and wish you the maximum profit and pleasure from your proposed training.

2. You will remain with your present Component until the beginning of the next Integrated Training Program, to begin 11 December. At that time you will be reassigned to the CTP T/O where you will remain until your training has been completed.

3. Should you have any further questions, do not hesitate to call on the Program Officers.

ROBERT B. FREEMAN
Chief, CTP

CONFIDENTIAL



SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED																																																																																																																					
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1 SERIAL NUMBER 036130		2 NAME (Last-First-Middle) FLORES DANIEL																																																																																																																							
3 NATURE OF PERSONNEL ACTION PROMOTION & PAY ADJUSTMENT TO FULL TIME (CORRECTION)		4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 01 07 67		5 CATEGORY OF EMPLOYMENT REGULAR																																																																																																																					
6 FUNDS X V TO V CF TO V		7 FINANCIAL ANALYSIS NO. CHARITABLE 8235 0620		8 LEGAL AUTHORITY (Completed by Office of Personnel)																																																																																																																					
9 ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION		10 LOCATION OF OFFICIAL STATION WASH., D. C.																																																																																																																							
11 POSITION TITLE INTELLIGENCE ASST		12 POSITION NUMBER 1174		13 CAREER SERVICE DESIGNATION D																																																																																																																					
14 CLASSIFICATION SCHEDULE (G.S. 18, 19, 20) GS		15 OCCUPATIONAL SERIES 0301.28		16 GRADE AND STEP 06 3																																																																																																																					
17 SALARY OR RATE 6263.		18 REMARKS (FINANCIAL ANALYSIS NO. (#7) TO READ: 8235 0620)																																																																																																																							
19 SIGNATURE OF REQUESTING OFFICER Henry LV Berthold C/WH/PERS		DATE SIGNED 8/1/67		19 SIGNATURE OF CAREER SERVICE APPROVING OFFICER 5/8/67																																																																																																																					
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(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				22 June 1967	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES DANIEL			
3. NATURE OF PERSONNEL ACTION PROMOTION + Pay Adjustment to Full Time			4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 07 30 67		5. CATEGORY OF EMPLOYMENT REGULAR PART-TIME
6. FUNDS X V TO V CF TO V			7. FINANCIAL ANALYSIS NO CHARGEABLE 8235 1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/COG INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION			10. LOCATION OF OFFICIAL STATION WASH., D.C.		
11. POSITION TITLE INTELLIGENCE CLERK asst (2)			12. POSITION NUMBER 1174		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (G, L, B, etc.) GS		15. OCCUPATIONAL SERIES 0301.28		16. GRADE AND STEP 06 3	
17. SALARY OR RATE \$ 6263.					
18. REMARKS Subject is returning to full-time duty on ³⁰ July 1967. Subject will graduate from Georgetown Univ. this month.					
19. DATE SIGNED 28 June			20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		21. DATE SIGNED 7 July
C/WH/Pers					
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
22. ACTION CODE 22	23. EMPLOY CODE 10	24. OFFICE CODES NUMERICAL ALPHABETICAL 63800 644	25. STATION CODE 7503	26. HOD/ST CODE 1	27. DATE OF BIRTH MO DA YR 12 13 61
28. DATE OF GRADE MO DA YR 12 13 61	29. DATE OF LHI MO DA YR 12 13 67	30. SPECIAL REFERENCE 1-10 2-10 3-10	31. INFORMATION DATA CODE	32. COLLECTION CANCELLATION DATA MO DA YR	33. SECURITY 100 00
34. PAY PERIOD 1-10 2-10 3-10	35. PAY CODE MO DA YR	36. LONG LEAF DATA MO DA YR	37. LOAN CATEGORY MO DA YR	38. PAY RATE (STANDARD) MO DA YR	39. SOCIAL SECURITY NO.
40. PERSONNEL COUNCIL GOVERNMENT SERVICE 1-10 2-10 3-10	41. LEAF CODE MO DA YR	42. PAY CODE MO DA YR	43. PAY CODE MO DA YR	44. PAY CODE MO DA YR	45. PAY CODE MO DA YR
46. SIGNATURE 7 July					

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14-00000

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July 27

MEMORANDUM FOR: Secretary CSCS Panel, Section D

SUBJECT : Recommendation for the Promotion of Mr.
Daniel Flores From GS-05 to GS-06.

1. Mr. Flores has been working in WH/COG and its predecessor groups since 1963. His fitness reports have been consistently good and the comments of his supervisors laudatory. In mid-1965 Mr. Flores was changed from full-time to part-time staff employee in order to allow him to attend American University on a full-time basis. His course of study leads to a Bachelor's Degree in Political Science with emphasis in Latin American affairs. Mr. Flores has made the Dean's List the past two semesters and will receive his degree in August 1967.

2. Throughout his career Mr. Flores has shown himself to be a strongly motivated employee, willing and capable. The calibre of his performance has been consistently good and he has shown steady improvement as he acquired the skills and knowledge of intelligence business. He is reliable and conscientious and we have good reason to expect that he will develop into a very competent operations officer. He will apply for the CT program in September and his application will be wholeheartedly supported by WH/COG.

3. In WH/COG Mr. Flores has served as an Intelligence Assistant in support of CI operations. In addition he has assisted in the training of agents in communications. Mr. Flores is bi-lingual - Spanish and English - and is adept as an operational Translator-Interpreter.

4. Mr. Flores was promoted to GS-05 on 16 March 1964. He has been performing duties at GS-06 level for the past two years and it is sincerely recommended that he be promoted promptly to GS-06.

William V. Broo
William V. Broo
Chief
Western Hemisphere Division

SECRET

158 From Bristol June

REQUEST FOR PERSONNEL ACTION										DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)								14 Sep 66	
036130		MICHAEL DANIEL									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE REQUESTED			5. CATEGORY OF EMPLOYMENT			
CHANGE POSITION					MONTH DAY YEAR 08/11/66			PART TIME			
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGE		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
				CF TO V		CF TO CF		7235 1162			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
TOP/WH WH/C INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION					WASH., D.C.						
11. POSITION TITLE					12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION			
INTELLIGENCE CLERK					1176			d			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0301.27		05 4		\$ 5959.			
18. REMARKS											
From: WH/C.Intel Br., R & R Sec.DC # 1104											
19. ACTION CODE											
37 90											
20. EMPLOY CODE											
54500 WH 05013											
21. OFFICE CODING											
22. STATION CODE											
23. INTEGRITY CODE											
24. ROOTS CODE											
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S E C R E T
(When Filled In)

9 September 1966

MEMORANDUM FOR: **Mr. Daniel Flores**

THROUGH : Head ~~of~~ **CS** Career Service

SUBJECT : Notification of Non-eligibility for Designation as a
Participant in the CIA Retirement and Disability System

1. As you may know, we are in the process of reviewing the employment history and current career field of all employees in the Agency to identify those who are eligible for designation as a participant in the new CIA Retirement and Disability System. In this process, the initial review of each case is made by the individual's Career Service. If the Head of his Career Service nominates him for participation in the System, this nomination is reviewed by the CIA Retirement Board which recommends final action to me. However, if the Head of the Career Service advises that the employee does not meet the basic requirements of HR 20-50 for participation, I have accepted this finding without further review by the CIA Retirement Board. This practice has been adopted in the interest of expediting this screening process so that those employees who are eligible to participate in the System may be designated participants as soon as possible.

2. In your case, the Head of your Career Service has advised me that you do not meet the requirements of HR 20-50 for designation as a participant and I have accordingly made the formal determination required by the regulation that you are not eligible for designation. This in no way affects your current status under the Civil Service Retirement System, nor does it preclude reconsideration of your eligibility to participate in the CIA System if you should meet the requirements for designation in the future.

3. Should you desire further information concerning the requirements for designation as a participant in the CIA Retirement System, I suggest that you read paragraph e of HR 20-50 and paragraph 5 of the Employee Bulletin dated 30 July 1965, entitled "Public Law 88-643, The Central Intelligence Agency Retirement Act of 1964 for Certain Employees."

4. It is always possible that the records upon which the determination made in your case may have been incomplete or inaccurate regarding your actual employment history with the Agency. If, after studying the materials cited above, you have questions regarding the determination that you are not eligible to participate in the CIA Retirement System, please feel free to contact officials of your Career Service. They are familiar with the details of your case and will gladly discuss them with you. In addition, you may wish to discuss your case with the CIA Retirement Staff located in Room 205, Magazine Building (extension 2847). If such discussions do not resolve any questions you have regarding your eligibility, you may request that your case be formally considered by the CIA Retirement Board. However, this request must be made within 30 days of the date of this memorandum.


Emmett D. Echols
Director of Personnel

S E C R E T

GROUP 1
Excluded from automatic
downgrading and declassification

SECRET**CENTRAL INTELLIGENCE AGENCY**
WASHINGTON, D.C. 20505

17 JAN 1966

Claimant: **Daniel Flores**
File No.: **7000438**Mr. Wilfred J. Harren
Chief of Section
Division of Claims Services
Bureau of Employees' Compensation
Washington, D. C. 20211

Dear Mr. Harren:

Reference is made to Subject's claim for benefits of the
Federal Employees' Compensation Act.

Enclosed is additional information submitted by claimant.

If we may be of further assistance in this matter, please
so advise.

Very truly yours,

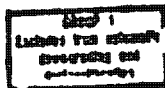
/s/ B. DeFelice

B. DeFelice
Office of Personnel

Enclosures:

As stated

Distribution:

O-addressee, 1-D/Pers, 1-BCB
OP/BSDB/BCB/[] (14 January 1966)**SECRET**

SECRET
(If App. Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 13 Aug 65	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) Hewitts, Daniel									
3. NATURE OF PERSONNEL ACTION TRANSFERMENT						4. EFFECTIVE DATE REQUESTED MO- <u>08</u> DAY- <u>16</u> YEAR- <u>65</u>		5. CATEGORY OF EMPLOYMENT Part Time			
6. FUNDS X V TO V CF TO V		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 6235-1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DEP/CI Intelligence Branch Reports and Requirements Section						10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE TTELL ^{Spec} Spec (1)						12. POSITION NUMBER 1184		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS, FH, etc) GS (06)				15. OCCUPATIONAL SERIES 0301.27		16. GRADE AND STEP 05 (3)		17. SALARY OR RATE \$ 5330			
18. REMARKS From: DEP/ W/ CI St., #1130, D.C.											
<div style="text-align: right;">Recorded by CSPD <i>CM</i></div>											
DATE SIGNED 13 Aug 65				18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER				DATE SIGNED 8/20/65			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 37		20. EMPLOY CODE 20		21. OFFICE CODING NUMERIC <u>5100</u> ALPHABETIC <u>W/H</u>		22. STATION CODE <u>72715</u>		23. INTERGEE CODE		24. MOOTRS CODE <u>1</u>	
25. DATE OF BIRTH MO- <u> </u> DA- <u> </u> YR- <u> </u>		26. DATE OF GRADE MO- <u> </u> DA- <u> </u> YR- <u> </u>		27. DATE OF LEI MO- <u> </u> DA- <u> </u> YR- <u> </u>		28. DATE OF BIRTH MO- <u> </u> DA- <u> </u> YR- <u> </u>		29. DATE OF GRADE MO- <u> </u> DA- <u> </u> YR- <u> </u>		30. DATE OF LEI MO- <u> </u> DA- <u> </u> YR- <u> </u>	
31. RETIREMENT DATA 1- <u> </u> 2- <u> </u> 3- <u> </u>		32. SEPARATION DATA CODE TYPE- <u> </u>		33. CORRECTION, CANCELLATION DATA MO- <u> </u> DA- <u> </u> YR- <u> </u>		34. SECURITY REQ NO		35. SEX		36. DATE OF BIRTH MO- <u> </u> DA- <u> </u> YR- <u> </u>	
37. VET PREFERENCE CODE- <u> </u>		38. SERV COMP DATE MO- <u> </u> DA- <u> </u> YR- <u> </u>		39. LONG COMP DATE MO- <u> </u> DA- <u> </u> YR- <u> </u>		40. CAREER CATEGORY CODE- <u> </u>		41. FICLI HEALTH INSURANCE CODE- <u> </u>		42. SOCIAL SECURITY NO	
43. PREVIOUS GOVERNMENT SERVICE DATA CODE- <u> </u>		44. LEAVE CAT CODE		45. FEDERAL TAX DATA CODE- <u> </u>		46. STATE TAX DATA CODE- <u> </u>		47. HEALTH INS. CODE 1-YES 2-NO		48. STATE CODE 1-YES 2-NO	
49. POSITION CONTROL CERTIFICATION 9-10-65 WIL						50. O.P. APPROVAL 8/20/65					

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 15 January 1965	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, Daniel									
3. NATURE OF PERSONNEL ACTION PAY ADJUSTMENT (TO PART TIME) FROM FULL TIME				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 08 65		5. CATEGORY OF EMPLOYMENT REGULAR (PART TIME)					
6. FUNDS X V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 5235-1162		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DPP Special Affairs Staff Counter-Intelligence Staff Operations Section				10. LOCATION OF OFFICIAL STATION Washington, D.C.							
11. POSITION TITLE INTELLIGENCE ASST. (D)				12. POSITION NUMBER 1130		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (G.S. 18, etc.) GS (25)		15. OCCUPATIONAL SERIES 0301.23		16. GRADE AND STEP 05 (2)		17. SALARY OR RATE 5165					
18. REMARKS <p>Subject to work on regularly scheduled tour not to exceed 19 hours per week.</p> <p>Subject will be working Monday through Friday, from 1400 to 1700.</p>											
<div style="text-align: center;">Recorded by CSPD <i>am</i></div> <div style="text-align: center;">C/WH/Pers. 12/2/65</div> <div style="text-align: center;">C/WH/Pers. 12/2/65</div>											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE 28	20. EMPLOY CODE 36	21. OFFICE CODING NUMERIC ALPHABETIC 42/60 14-2		22. STATION CODE 25013	23. INTEGRITY CODE	24. MGMTS CODE 1	25. DATE OF BIRTH MO. DA. YR. 03/16/64	26. DATE OF GRADE MO. DA. YR. 03/16/64	27. DATE OF LEI MO. DA. YR. 03/16/64		
28. HTE EXPIRES MO. DA. YR.	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-CSC 2-FICA 3-NONE		31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA TYPE MO. DA. YR.	EOD DATA		33. SECURITY REQ NO	34. SEX		
35. VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT	36. SERV COMP DATE MO. DA. YR.	37. LONG COMP DATE MO. DA. YR.	38. CAREER CATEGORY CAR REL PROV TEMP	39. FEDERAL HEALTH INSURANCE CODE 0-NONE 1-YES	40. SOCIAL SECURITY NO						
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NONE 1-NO PREVIOUS SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE 1-YES 2-NO		44. STATE TAX DATA FORM EXECUTED CODE 1-YES 2-NO						
45. POSITION CONTROL CERTIFICATION 2/Kearney 02/05/65				46. OFF APPROVAL DATE APPROVED							

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Florus, Daniel	Self	65-514
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>3 September 1964</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BGD REPRESENTATIVE	
12 JUN 1965		
NOTICE OF OFFICIAL DISABILITY CLAIM FILE		

6 January 1965

MEMORANDUM FOR: Chief, CSPO

SUBJECT : Conversion to Part-Time Staff Employment
Mr. Daniel Flores

1. Mr. Daniel Flores is an Intelligence Assistant, GS-07, assigned to the CI Staff of WH/SA. He is currently pursuing a program of studies in Government at the American University with special concentration on Latin American Affairs. To complete the major portion of his remaining requirements for the bachelor's degree, he is planning to attend the University full-time for a year. Any requirements still outstanding at the end of that period would be completed at night.

2. The employee's duties in the CI Staff involves the translation of [] messages received from and sent to [] assisting in the training of [] in [] and communications procedures, and miscellaneous support functions in the CI Branch. He has proved invaluable because he has native fluency in every-day Spanish and is familiar with [] and communication techniques, problems, and training procedures. In addition to Mr. Flores' utility for such cases as may arise in the future, he is personally acquainted with [] of the [] and with the numerous problems which constantly arise in their handling.

3. In view of the need for Mr. Flores' services, the Chief, CI Staff, has asked the employee if he would be willing to continue in his present capacity on a part-time basis. The employee has indicated that he would accept such an arrangement. It is accordingly requested that WH/SA be permitted to convert him from a full-time staff employee to one employed on a part-time, regular tour of duty basis. Subject would be utilized for a total of 18 hours per week, the maximum time that his school program will permit him to devote to Agency duties.

[]
C/WH/Personnel

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(U) (S) (C) (F) (I) (L) (P) (R) (T) (X) (Y) (Z)

REQUEST FOR PERSONNEL ACTION										DATE PREPARED 22 July 1964	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, Daniel									
3. NATURE OF PERSONNEL ACTION Reassignment					4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 08 10 64			5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS X V TO V CF TO V					7. COST CENTER NO. CHARGEABLE 5235-1162			8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL ASSIGNATIONS DDP SAS Counter-Intell Staff Operations Section					10. LOCATION OF OFFICIAL STATION Wash., D.C.						
11. POSITION TITLE Intelligence Asst					12. POSITION NUMBER 1130			13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION GRADE (GS, LH, etc.) GS			15. OCCUPATIONAL SERIES 0301.28		16. GRADE AND STEP 05 (2)			17. SALARY OR RATE \$ 4850			
18. REMARKS From: SAS No. 0922 trans 37F											
<div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Recorded by CSPD <i>[Signature]</i> </div>											
DATE SIGNED C/WH/Pers 27 Jul 64					18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED 31 July 1964			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING NUMERIC ALPHABETIC 09150 525 75013		22. STATION CODE		23. INITIATION CODE		24. MODIFY CODE	
25. DATE OF BIRTH MO DA YR		26. DATE OF GRADE MO DA YR		27. DATE OF LIT MO DA YR		28. CORRECTION LABEL/RELATION DATA TYPE MO DA YR		29. SECURITY REQ NO		30. SEX	
31. SPECIAL ASSIGNMENT		32. RETIREMENT DATA 1-CR 2-REL 3-ROD		33. SEPARATION DATA CODE		34. CAREER CATEGORY		35. HEALTH INSURANCE CODE CODE 8-BLANK 1-YES		36. SOCIAL SECURITY NO	
37. SALT COMP DATE MO DA YR		38. LONG COMP DATE MO DA YR		39. LEAVE CAT CODE		40. FEDERAL TAX DATA CODE CODE 1-YES 2-NO		41. STATE TAX DATA CODE CODE 1-YES 2-NO		42. STATE TAX DATA CODE CODE 1-YES 2-NO	
43. PREVIOUS EMPLOYMENT DATA 1-ON FEDERAL SERVICE 2-ON STATE SERVICE 3-ON OTHER SERVICE (1-10 YEARS) 4-ON OTHER SERVICE (11-20 YEARS) 5-ON OTHER SERVICE (21-30 YEARS) 6-ON OTHER SERVICE (31-40 YEARS) 7-ON OTHER SERVICE (41-50 YEARS) 8-ON OTHER SERVICE (51-60 YEARS) 9-ON OTHER SERVICE (61-70 YEARS) 10-ON OTHER SERVICE (71-80 YEARS) 11-ON OTHER SERVICE (81-90 YEARS) 12-ON OTHER SERVICE (91-100 YEARS)		44. LEAVE CAT CODE		45. FEDERAL TAX DATA CODE CODE 1-YES 2-NO		46. STATE TAX DATA CODE CODE 1-YES 2-NO		47. STATE TAX DATA CODE CODE 1-YES 2-NO		48. STATE TAX DATA CODE CODE 1-YES 2-NO	
49. SIGNATURE (EMPLOYEE)					50. DATE APPROVED					51. SIGNATURE (OFFICIAL)	

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				13 January 1964	
1. SERIAL NUMBER 036130 ✓		2. NAME (Last-First-Middle) FLORES, Daniel ✓			
3. NATURE OF PERSONNEL ACTION PROMOTION			4. DATE RECORDED JAN 14 1964		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS X V TO V CF TO V			7. COST CENTER NO. CHARGE-ABLE 4232-1000-1000 ✓		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP Special Affairs Staff Research Branch Reports, Records, Translation Section			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE TRANSLATOR (B)			12. POSITION NUMBER 0702		13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS (GS)		15. OCCUPATIONAL SERIES 1015.01		17. SALARY OR RATE \$4,850 ✓	
16. REMARKS Promotion recommendation attached; Fitness Report submitted previously.					
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Recorded by CSPD <i>Sh</i> </div>					
18A. SIGNATURE OF REQUESTING OFFICIAL C/SAS/Pers.			DATE SIGNED 13 Jan 64		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICIAL
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE 22 10	20. EMPLOY CODE 49350	21. OFFICE CODE SAS	22. STATE CODE 75013	23. INITIAL CODE 1	24. POSITION CODE
25. DATE OF BIRTH	26. DATE OF DEATH	27. DATE OF LAST	28. DATE OF LAST		
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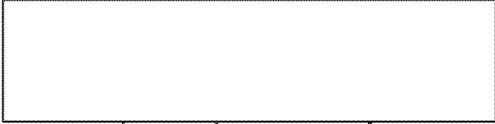
19 December 1963

MEMORANDUM FOR: Clandestine Services,
Career Services Panel

SUBJECT : Mr. Daniel Flores -
Recommendation for Promotion

1. Mr. Flores has been with the Agency for about eighteen (18) months and has been a member of SAS since June 1963. During the six (6) months he has been with SAS he has demonstrated intelligence and initiative. In addition to his fulfilling his primary responsibility as a translator, he quickly picked up the knowledge and experience necessary for an Intelligence Assistant in the Operations Support Section. His duties and responsibilities accordingly have been broadened. He has demonstrated ability to function independently as a member of the Operations Support Staff. He is cooperative and has maintained a cheerful disposition under pressure and through many late hours and weekends of duty.

2. In view of his excellent performance in SAS, his intelligence and ability, and his growth potential for a career in CIA, I strongly recommend that he be promoted to GS-5 as soon as possible.


Chief, SAS/Intel J

APPROVAL RECOMMENDED

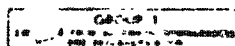
DESMOND FITZGERALD
Chief, Special Affairs Staff

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER 036130		2. NAME (Last-First-Middle) FLORES, Daniel			
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			4. EFFECTIVE DATE REQUESTED MONTH 05 DAY 1 YEAR 63		5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS I	V TO V	V TO CF	7. COST CENTER NO. CHARGE-ABLE 3232-1000-1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP Special Affairs Staff Research Branch Reports, Records, Translation Section			10. LOCATION OF OFFICIAL STATION Washington, D.C.		
11. POSITION TITLE TRANSLATOR			12. POSITION NUMBER 0702	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0031.01	16. GRADE AND STEP 04 (2)	17. SALARY OR RATE \$ 4250	
18. REMARKS From: DDP/OPSER/RID, Ref. Br. #01147.DC <i>Trans 9</i> CONCURRENCE: <i>[Signature]</i> <i>Chief of Admin OPSERV/RID</i> <div style="border: 1px solid black; padding: 5px; float: right; margin-top: 10px;">Recorded by CSPD <i>[Signature]</i></div> <i>4/24/63</i> <i>1 ex Security</i>					
DATE SIGNED <i>[Signature]</i>		19. SIGNATURE OF CAREER SERVICE APPROVING <i>[Signature]</i>		DATE SIGNED <i>1 May 63</i>	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE 37	22. EMPLOY CODE 10	23. OFFICE CODE NO. NUMERIC 61350 ALPHABETIC SAS	24. STATION CODE 75013	25. DATE OF BIRTH 1	26. DATE OF DEATH
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FORM 1152 PREVIOUS EDITIONS OBSOLETE
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SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 25 September 1961	
1. SERIAL NUMBER 15610		2. NAME (Last-First-Middle) FLORES Daniel			
3. NATURE OF PERSONNEL ACTION Excepted Appointment		4. EFFECTIVE DATE REQUESTED 03/11/62		5. CATEGORY OF EMPLOYMENT Regular	
6. FUNDS X V TO V CF TO V		7. COST CENTER NO. CHARGEABLE 2226 1200 1000		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS DDP OPSER R I DIV Reference Branch Index Section - Night Shift		10. LOCATION OF OFFICIAL STATION Wash., D. C.			
11. POSITION TITLE File Clerk		12. POSITION NUMBER 0147		13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS		15. OCCUPATIONAL SERIES 0305.01		16. GRADE AND STEP 04 1	
17. SALARY OR RATE 4040					
18. REMARKS Regular tour of duty 3:30 PM to 12:00 PM daily/ Subject to trial period and medical Recorded by CWD 89					
19. SIGNATURE OF REQUESTING OFFICIAL Walter H. Brown Chief, RID/ADM.				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
21. ACTION CODE 11	22. EMPLOY CODE 10	23. OFFICE CODING 39400	24. STATION CODE RI	25. RET. DATE CODE 1	26. H/O/PS CODE 1
27. DATE OF 1ST 03/11/62	28. DATE OF 2ND 03/11/62	29. DATE OF 3RD 03/11/62	30. DATE OF 4TH 03/11/62	31. DATE OF 5TH 03/11/62	32. DATE OF 6TH 03/11/62
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39. SECURITY REQ. NO. 27100		40. SECURITY REQ. NO. M1			
41. SOCIAL SECURITY NO. 460-42-6230		42. SOCIAL SECURITY NO. 460-42-6230			
43. POSITION CONTROL CERTIFICATION 0		44. O.P. APPROVAL 0			

14 February 1962

Mr. Daniel Flores
Apartment 203
2828 Connecticut Avenue, N. W.
Washington 8, D. C.

Dear Mr. Flores:

We are pleased to inform you that your appointment with this Agency has been approved at Grade GS-4, salary \$4040.00 per annum, as Clerk.

Your permanent employment will depend upon the completion of the following processing at the time of entering on duty: taking the oath of office, signing a loyalty affidavit, participating in a final security interview. Should anything of an unfavorable nature arise during this period, your employment will not result in a permanent appointment.

We hope you will be able to join us at an early date. Please dial 351-2781 and ask for Mrs. Shirley Wells, as soon as possible, in order to arrange an entrance-on-duty date. We would appreciate your selecting a Monday.

Please report to the Receptionist at 1016 - 16th Street, N. W., Room 201 at 8:15 a.m. and ask for Mrs. Wells on the reporting for duty date that you establish with this office. This address is located on 16th Street between K and L Streets opposite Hotel Statler.

Your gross earnings will be subject to deductions for Federal income tax and 6 1/2 percent for the United States Civil Service Retirement Fund. In addition, the benefits of low-cost group life insurance, which will be discussed with you at the time of your entrance on duty, are available to Federal civilian employees. This insurance is not obligatory. However, if you do not wish coverage, which is automatic, you should sign a Waiver of Life Insurance Coverage form at the time you enter on duty.

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You will not receive a pay check for approximately four weeks after your entrance on duty.

If you have any problems, Mrs. Wells will be glad to discuss them with you when you call.

Very truly yours,

E. D. Echols
Director of Personnel

OP/Corres/mjt
File sent to: Shirley Wells

26 January 1962

Mr. Daniel Flores
Apartment 203
2828 Connecticut Avenue, N. W.
Washington 8, D. C.

Dear Mr. Flores:

Processing of your application for employment with this Agency is continuing. Please advise us if any circumstance should arise which might affect your interest in a position with us.

Your continued interest and patience are appreciated.

Very truly yours,

E. D. Echols
Director of Personnel

OP/Corres/sjm
File sent to: Wells

20 October 1961

Mr. Daniel Flores
Apartment 203
2828 Connecticut Avenue, N. W.
Washington 8, D. C.

Dear Mr. Flores:

In connection with your application with this Agency, it will be necessary for you to come to our Medical Office in Central Building, 2430 E Street, N. W., for a pre-employment medical examination which will include determination of physical health and emotional stability.

An appointment may be scheduled by dialing 351-2781 and asking for Mrs. Shirley Wells.

Very truly yours,

E. D. Echols
Director of Personnel

OP/Corros/cor
file sent to shirley wells

12 October 1961

Mr. Daniel Flores
Apartment 203
2828 Connecticut Avenue, N. W.
Washington 8, D. C.

Dear Mr. Flores:

Your application for employment with this Agency has been reviewed with interest and the processing of your case has been initiated for a full-time position on the 3:30 p.m. to 12:00 p.m. shift at Grade GS-4, salary \$4040.00 per annum, plus a ten percent night differential for the hours from 6:00 p.m. to 12:00 p.m., as Clerk.

Your final appointment is dependent upon a number of factors including character and reference investigations, and other processing procedures which may require as long as 120 days. You may be sure that this processing is being accomplished as rapidly as possible.

During this period please notify us of any changes in your present status such as change in address, employment, marital status, etc. If you cannot accept the position or if you have any questions concerning your application, you should write to Mrs. Shirley Wells.

Members of this Agency are entitled to the regular United States Government leave and retirement benefits. Our salaries conform to the rates prescribed by Congress for United States Government agencies.


Thank you for your cooperation and patience during this waiting period.

Very truly yours,

A. D. Echols
Director of Personnel

OP/Corres/car
file sent to shirley wells

SECRET
(When Filled In)

REQUEST FOR SECURITY CLEARANCE				REQUEST NO. (1-2)  07:00 REQUEST DATE (10-11) 6 October 1961 YEAR OF BIRTH (20-30) 4 August 1935	
NAME (LAST - FIRST - MIDDLE) FLORES, DANIEL				POSITION NUMBER (31 - 35) 0117 OCCUP. CODE (37 - 43) 0304.01	
POSITION TITLE FILE CLERK		LOCATION (CITY, STATE, COUNTRY) WASHINGTON, D. C.		ASSIGNMENT (OFFICE, DIVISION, BRANCH) DDP/OPSER CONVERSION ACTION IF OTHER, SPECIFY:	
TYPE OF APPLICANT <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> CONTRACT <input type="checkbox"/> CONSULTANT <input type="checkbox"/> MILITARY		NAME OF REQUESTER (OR OFFICIAL)		TYPE OF ASSIGNMENT AND FUND <input checked="" type="checkbox"/> HQS <input type="checkbox"/> USP <input type="checkbox"/> PP <input checked="" type="checkbox"/> V <input type="checkbox"/> UV CLEARANCE REQUIRED <input type="checkbox"/> PROVISIONAL FOR (INDICATE NAME OF POOL OR GROUP) <input checked="" type="checkbox"/> SECRET <input checked="" type="checkbox"/> FULL	
ATTACHMENTS <input checked="" type="checkbox"/> PERSONAL HISTORY STATEMENT <input checked="" type="checkbox"/> PHOTOGRAPHIC		<input checked="" type="checkbox"/> APPENDIX I <input type="checkbox"/> APPENDIX II <input checked="" type="checkbox"/> REQUEST FOR WAIVER <input type="checkbox"/> REPORT OF INTERVIEW		GRADE (45-46) GS-04 ORGN. CODE (48-49) 3900 TYPE OF APPL. (40) 1 HQTRS & FUND (50) 1 CLEARANCE (51) 3 RECRUIT. CODE (53-54) 105 VET PREP. & GEN (55)	
VETERANS STATUS <input checked="" type="checkbox"/> MALE - VETERAN <input type="checkbox"/> MALE - NON-VETERAN		<input checked="" type="checkbox"/> FEMALE - VETERAN <input type="checkbox"/> FEMALE - NON-VETERAN			

PULL REQUESTED 6 October 1961

Regular tour of duty 3:30 PM to 12:00 PM daily.

1 - SO
1 - OTF

SPACE BELOW FOR OS USE ONLY

1808 377

SECRET

(9)

15 September 1961

Mr. Daniel Flores
Apartment 203
2828 Connecticut Avenue, N. W.
Washington 8, D. C.

Dear Mr. Flores:

Appropriate members of our staff are reviewing your application for employment to determine whether we have a position available for a person of your qualifications. Although we cannot predict the length of time needed for this review, every effort will be made to reach an early decision. We will keep you as fully informed as possible regarding the status of your case.

Very truly yours,

E. D. Echols
Director of Personnel

OP/Corres-bt
file sent to Mr.

CONFIDENTIAL
(When Filled In)

REPORT OF INTERVIEW		DATE OF INTERVIEW 21 August 1961	SOURCE gen info
CANDIDATE (Last, First, Middle) Flores, Daniel		PLACE OF BIRTH San Marcos, Texas	DATE OF BIRTH []
TEMPORARY ADDRESS		PHONE	
PERMANENT ADDRESS [] Washington, D.C.		PHONE 265-8322	
BUSINESS ADDRESS		PHONE	
PLACE OF INTERVIEW 15th St		DATE AVAILABLE Immediately on clearance	
RECM (Office, serial) RI clerk 3:30-midnight		CS- L	TESTS SET
<p align="right">19-32-33-84</p> <p>Mr. Flores had just been recently released from active duty with the USMC when he came in for interview. He has served two tours which included Security guard Embassy duty in Peru and Bolivia. His wife was formerly stationed at the Embassy with Dept. of State. He appears to be a mature young man, clean cut, neat appearance, dark complexion and coloring. He is planning to continue his college education at C.U. and is available to work the 3:30 - midnight RI shift. A clerical position at the GS-L level was discussed in the interview. His wife is a secretary with a law firm in town; they have no children.</p> <p>ANEX</p> <p>Mr. Flores is in excellent health and had a very good record with the Marine Corps. Knows of nothing in his background that would be unfavorable in event of reference check. At initial interview he stated that he had no foreign connections, however, after contacting his family in Texas it was determined that his step-mother was born in Mexico and although she came to the US in 1922, she has never become a US citizen.</p> <p>Full clearance.</p>			
DATE SENT TO HQ: 85 -t 61		INTERVIEWER: Joy Cooney	

FORM 1667a

CONFIDENTIAL

10-901

CENTRAL INTELLIGENCE AGENCY

WASHINGTON 25, D. C.

Applicant Information
Sheet No. 1

To all persons applying for employment
with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant status with the Central Intelligence Agency. No application may proceed beyond this first step if the applicant is not in agreement with the conditions stated below:

General Considerations:

1. The National Security Act of 26 July 1947 (Public Law 253, 80th Congress) which created the Central Intelligence Agency places upon the Agency the responsibility:

a. "to advise the National Security Council in matters concerning such intelligence activities of the Government departments and agencies as relate to the national security;

b. "to make recommendations to the National Security Council for the coordination of such intelligence activities of the departments and agencies of the Government as relate to the national security;

c. "to correlate and evaluate intelligence relating to the national security, and provide for the appropriate dissemination of such intelligence within the Government . . . ;

d. "to perform, for the benefit of the existing intelligence agencies, such additional services of common concern as the National Security Council determines can be more efficiently accomplished centrally;

e. "to perform such other functions and duties related to intelligence affecting the national security as the National Security Council may from time to time direct."

14-00000

The special character of this national responsibility requires the Agency to maintain correspondingly special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "clearance" of an applicant.

2. Investigation of an applicant may reveal something which prevents his clearance - perhaps something of which the applicant is genuinely unaware, perhaps something which only the special employment criteria of the Agency make unacceptable. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

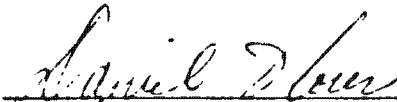
3. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. Offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not cleared.

Statement of Understanding
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

SIGNED at Washington, D. C., this 10th day of September, 1961.


(Signature of Applicant)
Daniel Flores

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REPRODUCTION MASTERS

SECRET

BIOGRAPHIC PROFILE

SECRET

H a n d l e W i t h C a r e

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE	FILE NO.
				6 OCTOBER 75	15675
TO:	<input checked="" type="checkbox"/>	CHIEF, CONTROL DIVISION, OP		SS NUMBER	
	<input checked="" type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION, OP		EMPLOYEE NUMBER	036150
	<input checked="" type="checkbox"/>	CHIEF, (OPERATING COMPONENT FOR ACTION) ATTN: LA		ID CARD NUMBER	
REF. Form 1522 Dated 18 Aug 75				OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> CANCELLED
STATUS	<input checked="" type="checkbox"/>	STAFF	<input type="checkbox"/>	CONTRACT	
SUBJECT				UNIT	
BLOCKS					
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)			CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)		
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE <u>EOB</u>			EFFECTIVE DATE: _____		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR _____ TOY _____ OTHER (Specify) _____			SUBMIT FORM 3254 _____ W-2 TO BE ISSUED (NR 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <u>3</u> (NR 20-7)			SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY <u>3</u> (NR 20-7)		
<input checked="" type="checkbox"/> SUBMIT FORM 3254 _____ W-2 TO BE ISSUED. (NR 20-11)			<input type="checkbox"/> EAA CATEGORY I <input type="checkbox"/> CATEGORY II <input type="checkbox"/>		
<input checked="" type="checkbox"/> SUBMIT FORM 1522 FOR ANY CHANGE AFFECTING THIS COVER. (NR 240-20)			RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
<input checked="" type="checkbox"/> SUBMIT FORM 1522 FOR TRANSFERRING COVER RESPONSIBILITY. (NR 240-20)			SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD.		
<input checked="" type="checkbox"/> EAA CATEGORY I <input type="checkbox"/> CATEGORY II <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD		
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> DISTRIBUTION COPY 1 - CC - P COPY 2 - CONTRACTING COMPONENT COPY 3 - PS 150 COPY 4 - DEL - 120 COPY 5 - 150 FILE </div> <div style="width: 30%; text-align: center;"> SECRET </div> <div style="width: 30%; text-align: right;"> 15 OCT 1975 </div> </div>					

FORM 1551 USE PREVIOUS EDITIONS

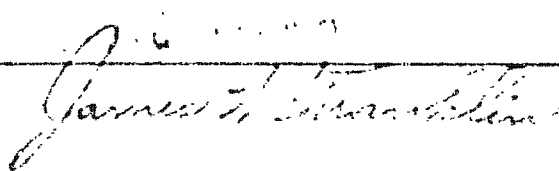
SECRET

SECRET

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP		DATE 23 APRIL 1974	FILE NO. 15675
TO: (check) <input checked="" type="checkbox"/> CHIEF, CONTROL DIVISION, OP <input type="checkbox"/> CHIEF, CONTRACT PERSONNEL DIVISION, OP <input checked="" type="checkbox"/> CHIEF, OPERATING COMPONENT (For action) WH		EMPLOYEE NUMBER 036130 ID CARD NUMBER	
ATTN: CHIEF SUPPORT STAFF		OFFICIAL COVER	<input checked="" type="checkbox"/> ESTABLISHED <input type="checkbox"/> DISCONTINUED
REF: FORM 2458, DATED 16 JANUARY 1974			
SUBJECT: DANIEL FLORES		UNIT	
<div style="border: 1px solid black; padding: 5px; text-align: center;"> KEEP ON TOP OF FILE WHILE COVER IN EFFECT </div>			
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNLOCK RECORDS EFFECTIVE DATE:	
<input checked="" type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE EOD <input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TOY OTHER (Specify)		SUBMIT FORM 1322 TO BE ISSUED. H-2	
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 4 (HNB 20-7)		SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY (HNB 20-7)	
<input checked="" type="checkbox"/> SUBMIT FORM 1325 (HNB 20-11)		EAA: CATEGORY I CATEGORY II TO CCS	
<input checked="" type="checkbox"/> SUBMIT FORM 1327 (HNB 240-20)		IN THIS BLOCK	
<input checked="" type="checkbox"/> SUBMIT FORM 1329 FOR TRANSFERRING COVER RESPONSIBILITY. (HNB 340-20)		ON TOP OF FILE	
<input checked="" type="checkbox"/> EAA, CATEGORY I CATEGORY II		MUST REMAIN	
<input checked="" type="checkbox"/> SUBMIT FORM 2088 FOR AGE HOSPITALIZATION CARD		REMAINS AND ON COVER HISTORY	
REMAINS AND ON COVER HISTORY		REMAINS AND ON COVER HISTORY	

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NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP				DATE	
				27 November 1967	
TO: (Check)	<input checked="" type="checkbox"/>	CHIEF, PERSONNEL OPERATIONS DIVISION	FILE NUMBER		
	<input checked="" type="checkbox"/>	CHIEF, CONTRACT PERSONNEL DIVISION	15675		
	<input checked="" type="checkbox"/>	CHIEF, OPERATING COMPONENT (For action)	EMPLOYEE NUMBER		
			036130		
			ID CARD NUMBER		
			1551		
ATTN: Mr. [REDACTED]			OFFICIAL COVER	<input checked="" type="checkbox"/>	BACKSTOP ESTABLISHED
REF: Verbal Request				<input type="checkbox"/>	DISCONTINUED
SUBJECT			UNIT		
<input checked="" type="checkbox"/> FLORES, Daniel (NMI)			[REDACTED]		
KEEP ON TOP OF FILE WHILE COVER IN EFFECT					
<input checked="" type="checkbox"/> ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS (opmeco 20-800-11)			<input type="checkbox"/> CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS (opmeco 20-800-11)		
A. TEMPORARILY FOR _____ DAYS EFFECTIVE DATE COB _____			DATE (as of COB)		
B. CONTINUING XXXXXXX 3 Dec 67					
<input checked="" type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)		<input type="checkbox"/>	SUBMIT FORM 642 TO CHANGE LIMITATION CATEGORY. (HNB 20-7)	
<input checked="" type="checkbox"/>	ASCERTAIN THAT [REDACTED] W-2 BEING ISSUED. (HB 20-661-1)		<input type="checkbox"/>	RETURN ALL OFFICIAL DOCUMENTATION TO CCS.	
<input checked="" type="checkbox"/>	SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR-240-2a)		DO NOT WRITE IN THIS BLOCK - FOR CCS INTERNAL USE ONLY		
<input checked="" type="checkbox"/>	SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR-240-2a)				
<input type="checkbox"/>	CONCUR IN ISSUANCE	AGE HOSPITALIZATION CARD			
<input type="checkbox"/>		NACS HOSPITALIZATION CARD			
REMARKS AND/OR COVER HISTORY					
Nar 62 - Dec 62 Overt					
[REDACTED]					
EDF/ [REDACTED]					
DISTRIBUTION: (See 1-1 POC)					
1967 1 - OPERATING COMPONENT					
1967 2 - [illegible]					
1967 3 - [illegible]					
1967 4 - [illegible]					

FORM 1551 (Rev. 1-67) 1551-100-0000-0000-0000-0000-0000-0000

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1551-10-000

All

L48 304 015

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12165 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 OCTOBER 1979

NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
FLCRES DANIEL	0036130	LA	GS 13 3	\$31,333

5656

1. SERIAL NO	2. NAME	3. ORGANIZATION	4. PLANS	5. WORK HOURS
0036130	DANIEL FLCRES	LA		
6. OLD SALARY RATE		7. NEW SALARY RATE		8. TYPE ACTION
Grade	Step	Salary	Effective Date	WGI
GS	13	\$31,333	01/07/80	
CERTIFICATION AND AUTHENTICATION				
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE				
SIGNATURE			DATE	
<input type="checkbox"/> PAY EXCESS (WGP) <input type="checkbox"/> ON PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> WORK STATUS AT END OF WAITING PERIOD				
FORM 10-73 5601 PAY CHANGE NOTIFICATION				

UUC

05/04/80

ALL

L48 304 015

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12067 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 6 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 06 OCTOBER 1978

NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
FLORES DANIEL	0036130	LA	GS 13 2	\$28,368

5678

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUND		5. STEP HEIRS	
0036130		FLORES DANIEL		91 620					
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date	VIS	OSI
GS 13	2	\$28,368	01/29/78	GS 13	3	\$29,265	01/28/79		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE									
SIGNATURE				DATE					
				01/29/78					
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> ON PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
				APPROVED BY					
FORM 10-71 560F PAY CHANGE NOTIFICATION									

SEA 021078

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)										
036130		FLORES DANIEL										
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						MO DA YR 02 11 78			REGULAR			
6. FUNDS		V TO V		V TO CF		7. JAN AND NSCA			8. USC OR OTHER LEGAL AUTHORITY			
CF TO V		CF TO CF		8035 0990 0000			50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION						
DDO/LA DIVISION FOREIGN FIELD [REDACTED] STATION [REDACTED] BRANCH						[REDACTED]						
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION			
OPERATIONS OFFICER						GK76			DQG			
14. CLASSIFICATION SCHEDULE (GS, WP, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE			
GS				0136.01		13 2			26689			
18. REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTERAGENCY CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
37	10	NUMERIC	ALPHABETIC	45075		3	MO	DA	YR	MO	DA	YR
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO		34. SEX
MO DA YR		1. CSC 2. CIA 3. P/A 4. IN/OUT		CODE		TYPE		MO DA YR		[REDACTED]		
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FECLT / HEALTH INSURANCE		40. SOCIAL SECURITY NO		
CCGA		MO DA YR		MO DA YR		LAR BIV PROV BIV		CODE CODE		HEALTH INS CODE		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA		
CCGA				CODE		FORM EXEMPTED CODE NO TAX EXEMPTIONS				FORM EXEMPTED CODE NO TAX EXEMPTIONS		
0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS. 3. BREAK IN SERVICE UNLESS THAN 3 YRS.						1. YES 2. NO				1. YES 2. NO		
SIGNATURE OR OTHER AUTHENTICATION												
[REDACTED]												

FORM 1150
5 Feb May 10 78Use Previous
Edition

SECRET

SEA

82 APR 1 C. BY 007822

All

L48 100 255

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5 U.S.C. AND EXECUTIVE ORDER 12016 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

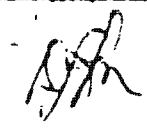
EFFECTIVE DATE OF PAY ADJUSTMENT: 09 OCTOBER 1977

NAME	ID NUMBER	ORG.	SCH-GR-STEP	NEW SALARY
FLCRES DANIEL	0036130	LA	GS 13 1	\$26,022
				5927

CPD: 7 APR 77

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 036130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION REMOVAL FROM PARTICIPATION IN CIA RETIREMENT AND DISABILITY SYSTEM			
4. EFFECTIVE DATE MO DA YR 04 10 77		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V CF TO V X		7. TAN AND NSCA 7135 4534 0000	
8. CSC OR OTHER LEGAL AUTHORITY PL 88-643 SECT. 203			
9. ORGANIZATIONAL DESIGNATIONS DDO/LA DIVISION		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER DQG	
13. SERVICE DESIGNATION			
14. CLASSIFICATION SCHEDULE (U.S. (B. OR))		15. OCCUPATIONAL SERIES 13	
16. GRADE AND STEP		17. SALARY OR RATE	
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH MO DA YR	26. DATE OF GRADE MO DA YR
27. DATE OF LEL MO DA YR	28. NTE EXPIRES MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1. CMC 2. CIA 3. FICA 4. NONE
31. SEPARATION DATA CODE	32. CORRECTION / CONCERNATION DATA TYPE MO DA YR	33. SECURITY REQ NO	34. SEX
35. VET PREFERENCE CODE 0 NONE 1 5 PT 2 10 PT	36. SERV COMP DATE MO DA YR	37. LONG COMP DATE MO DA YR	38. CAREER CATEGORY CAR BSV EPN JUMP
39. FEGLI / HEALTH INSURANCE CODE 0 / WAIVER 1 YES	40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS. 3 BREAK IN SERVICE MORE THAN 3 YRS.	
42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXEMPTED 1 YES 2 NO	44. STATE TAX DATA FORM EXEMPTED 1 YES 2 NO	45. STATE TAX DATA CODE NO TAX EXEMP
SIGNATURE OR OTHER AUTHENTICATION 			

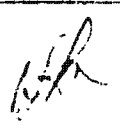
FORM 1130
5-6 May 70Use Previous
Edition

SECRET

REPRODUCTION OF THIS FORM IS PROHIBITED

PLF: 01 MAR 77

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)									
036130		FLORES DANIEL									
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT					
REASSIGNMENT				02 26 77		REGULAR					
6 FUNDS		V TO V		V TO CF		7 PAY AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		7135 4534 0000		50 USC 403 J			
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION					
DDO/LA DIVISION CUBA OPERATIONS GROUP EA AREA						WASH., D.C.					
11 POSITION TITLE						12 POSITION NUMBER		13 SERVICE DESIGNATION			
OPERATIONS OFFICER						F535		DQG			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES			16 GRADE AND STEP			17 SALARY OR RATE		
GS			0136.01			13 1			24308		
18 REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEGRAL CODE		24 MONTHS CODE	
37		10		51500 LA		75013		1		1	
25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI		28 DATE OF BIRTH		29 DATE OF GRADE		30 DATE OF LEI	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
31 NTE EXPIRES		32 SPECIAL REFERENCE		33 RETIREMENT DATA		34 SEPARATION DATA CODE		35 CORRECTION/CANCELLATION DATA		36 SECURITY REQ NO	
MO DA YR				1 CSC 2 C.A. 3 F.A. 4 NONE		CODE		TYPE MO DA YR		37 SEX	
								EOD DATA			
38 VET PREFERENCE		39 SERV COMP DATE		40 LONG COMP DATE		41 CAREER CATEGORY		42 REG/LI HEALTH INSURANCE		43 SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		LAB BSL ENCL BSL		CODE		HEALTH INS CODE	
1 NONE 2 5 PT 3 10 PT								0 WAIVER 1 YES			
44 PREVIOUS CIVILIAN GOVERNMENT SERVICE				45 LEAVE CAT CODE				46 FEDERAL TAX DATA			
CODE				CODE				CODE			
1 NO PREVIOUS SERVICE 2 NO BREAK IN SERVICE 3 BREAK IN SERVICE LESS THAN 3 YRS 4 BREAK IN SERVICE MORE THAN 3 YRS				1 YES 2 NO				1 YES 2 NO			
47 STATE TAX DATA											
CODE											
1 YES 2 NO											
48 SIGNATURE OR OTHER AUTHENTICATION											
											

PLF 1150
578 May 10 78Use Previous
Edition

SECRET

88 AMPTC CL BY CR/78 10 311

AEO:1 FEB 77

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)							
036130		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION				01 30 77		REGULAR			
6. FUNDS		V TO V		V TO CF		7. PAN AND NSCA		8. CAC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		7135 4534 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDO/LA DIVISION CUBA OPERATIONS GROUP WH AREA				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPERATIONS OFFICER				CG66		DQG			
14. CLASSIFICATION (SCHEDULE GS, GS, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.01		13 1		24308			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE		22. STATION CODE	23. INTEREST CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF DEATH	27. DATE OF LEAVE
22	10	51500	LA	75013			01 30 77	01 30 77	01 30 77
28. DATE EXPIRES		29. SPECIAL REQUIREMENTS		30. DEPARTMENT DATA		31. SEPARATION DATA		32. SECURITY DATA	
33. PAY PRINTING		34. PAY DATA		35. PAY DATA		36. PAY DATA		37. SOCIAL SECURITY NO.	
38. PAY DATA		39. PAY DATA		40. PAY DATA		41. PAY DATA		42. PAY DATA	
SIGNATURE OF OTHER AUTHORITY									

24-00000 11-00000
24-00000 11-0000024-00000 11-00000
24-00000 11-00000

24-00000 11-00000

24-00000 11-00000

KKK: 6 DEC 76

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						12 04 76		REGULAR			
6. FUNDS		V TO V		V TO CF		7. TAN AND NSCA		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		7135 4534 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDO/LA DIVISION CUBA OPERATIONS GROUP WH AREA						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPERATIONS OFFICER						CC67		DQG			
14. CLASSIFICATION SCHEDULE (GS, IS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OR RATE		
GS			0136.01			12.4			22485		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. OFFICE CODE		21. STATION CODE		22. INTEGRITY CODE		23. MAJOR CODE		24. DATE OF BIRTH	
37		10		515001 LA		75013		1		MO DA YR	
25. DATE OF GRADE		26. DATE OF LEE		27. SECURITY RISK NO		28. SEX		29. SOCIAL SECURITY NO		30. HEALTH INSURANCE	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
31. SPECIAL REFERENCE		32. RETIREMENT DATA		33. SEPARATION DATA CODE		34. CORRECTION / CONCURRENCE DATA		35. FEDERAL TAX DATA		36. STATE TAX DATA	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
37. PAY INFORMATION		38. SERVICEMAN DATA		39. LEAVE CAT		40. FEDERAL TAX DATA		41. STATE TAX DATA		42. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
43. PAY INFORMATION		44. SERVICEMAN DATA		45. LEAVE CAT		46. FEDERAL TAX DATA		47. STATE TAX DATA		48. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
49. PAY INFORMATION		50. SERVICEMAN DATA		51. LEAVE CAT		52. FEDERAL TAX DATA		53. STATE TAX DATA		54. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
55. PAY INFORMATION		56. SERVICEMAN DATA		57. LEAVE CAT		58. FEDERAL TAX DATA		59. STATE TAX DATA		60. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
61. PAY INFORMATION		62. SERVICEMAN DATA		63. LEAVE CAT		64. FEDERAL TAX DATA		65. STATE TAX DATA		66. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
67. PAY INFORMATION		68. SERVICEMAN DATA		69. LEAVE CAT		70. FEDERAL TAX DATA		71. STATE TAX DATA		72. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
73. PAY INFORMATION		74. SERVICEMAN DATA		75. LEAVE CAT		76. FEDERAL TAX DATA		77. STATE TAX DATA		78. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
79. PAY INFORMATION		80. SERVICEMAN DATA		81. LEAVE CAT		82. FEDERAL TAX DATA		83. STATE TAX DATA		84. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
85. PAY INFORMATION		86. SERVICEMAN DATA		87. LEAVE CAT		88. FEDERAL TAX DATA		89. STATE TAX DATA		90. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
91. PAY INFORMATION		92. SERVICEMAN DATA		93. LEAVE CAT		94. FEDERAL TAX DATA		95. STATE TAX DATA		96. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
97. PAY INFORMATION		98. SERVICEMAN DATA		99. LEAVE CAT		100. FEDERAL TAX DATA		101. STATE TAX DATA		102. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
103. PAY INFORMATION		104. SERVICEMAN DATA		105. LEAVE CAT		106. FEDERAL TAX DATA		107. STATE TAX DATA		108. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
109. PAY INFORMATION		110. SERVICEMAN DATA		111. LEAVE CAT		112. FEDERAL TAX DATA		113. STATE TAX DATA		114. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
115. PAY INFORMATION		116. SERVICEMAN DATA		117. LEAVE CAT		118. FEDERAL TAX DATA		119. STATE TAX DATA		120. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
121. PAY INFORMATION		122. SERVICEMAN DATA		123. LEAVE CAT		124. FEDERAL TAX DATA		125. STATE TAX DATA		126. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
127. PAY INFORMATION		128. SERVICEMAN DATA		129. LEAVE CAT		130. FEDERAL TAX DATA		131. STATE TAX DATA		132. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
133. PAY INFORMATION		134. SERVICEMAN DATA		135. LEAVE CAT		136. FEDERAL TAX DATA		137. STATE TAX DATA		138. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
139. PAY INFORMATION		140. SERVICEMAN DATA		141. LEAVE CAT		142. FEDERAL TAX DATA		143. STATE TAX DATA		144. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
145. PAY INFORMATION		146. SERVICEMAN DATA		147. LEAVE CAT		148. FEDERAL TAX DATA		149. STATE TAX DATA		150. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
151. PAY INFORMATION		152. SERVICEMAN DATA		153. LEAVE CAT		154. FEDERAL TAX DATA		155. STATE TAX DATA		156. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
157. PAY INFORMATION		158. SERVICEMAN DATA		159. LEAVE CAT		160. FEDERAL TAX DATA		161. STATE TAX DATA		162. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
163. PAY INFORMATION		164. SERVICEMAN DATA		165. LEAVE CAT		166. FEDERAL TAX DATA		167. STATE TAX DATA		168. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
169. PAY INFORMATION		170. SERVICEMAN DATA		171. LEAVE CAT		172. FEDERAL TAX DATA		173. STATE TAX DATA		174. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
175. PAY INFORMATION		176. SERVICEMAN DATA		177. LEAVE CAT		178. FEDERAL TAX DATA		179. STATE TAX DATA		180. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
181. PAY INFORMATION		182. SERVICEMAN DATA		183. LEAVE CAT		184. FEDERAL TAX DATA		185. STATE TAX DATA		186. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
187. PAY INFORMATION		188. SERVICEMAN DATA		189. LEAVE CAT		190. FEDERAL TAX DATA		191. STATE TAX DATA		192. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
193. PAY INFORMATION		194. SERVICEMAN DATA		195. LEAVE CAT		196. FEDERAL TAX DATA		197. STATE TAX DATA		198. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
199. PAY INFORMATION		200. SERVICEMAN DATA		201. LEAVE CAT		202. FEDERAL TAX DATA		203. STATE TAX DATA		204. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
205. PAY INFORMATION		206. SERVICEMAN DATA		207. LEAVE CAT		208. FEDERAL TAX DATA		209. STATE TAX DATA		210. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
211. PAY INFORMATION		212. SERVICEMAN DATA		213. LEAVE CAT		214. FEDERAL TAX DATA		215. STATE TAX DATA		216. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
217. PAY INFORMATION		218. SERVICEMAN DATA		219. LEAVE CAT		220. FEDERAL TAX DATA		221. STATE TAX DATA		222. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
223. PAY INFORMATION		224. SERVICEMAN DATA		225. LEAVE CAT		226. FEDERAL TAX DATA		227. STATE TAX DATA		228. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
229. PAY INFORMATION		230. SERVICEMAN DATA		231. LEAVE CAT		232. FEDERAL TAX DATA		233. STATE TAX DATA		234. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
235. PAY INFORMATION		236. SERVICEMAN DATA		237. LEAVE CAT		238. FEDERAL TAX DATA		239. STATE TAX DATA		240. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
241. PAY INFORMATION		242. SERVICEMAN DATA		243. LEAVE CAT		244. FEDERAL TAX DATA		245. STATE TAX DATA		246. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
247. PAY INFORMATION		248. SERVICEMAN DATA		249. LEAVE CAT		250. FEDERAL TAX DATA		251. STATE TAX DATA		252. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
253. PAY INFORMATION		254. SERVICEMAN DATA		255. LEAVE CAT		256. FEDERAL TAX DATA		257. STATE TAX DATA		258. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
259. PAY INFORMATION		260. SERVICEMAN DATA		261. LEAVE CAT		262. FEDERAL TAX DATA		263. STATE TAX DATA		264. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
265. PAY INFORMATION		266. SERVICEMAN DATA		267. LEAVE CAT		268. FEDERAL TAX DATA		269. STATE TAX DATA		270. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
271. PAY INFORMATION		272. SERVICEMAN DATA		273. LEAVE CAT		274. FEDERAL TAX DATA		275. STATE TAX DATA		276. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
277. PAY INFORMATION		278. SERVICEMAN DATA		279. LEAVE CAT		280. FEDERAL TAX DATA		281. STATE TAX DATA		282. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
283. PAY INFORMATION		284. SERVICEMAN DATA		285. LEAVE CAT		286. FEDERAL TAX DATA		287. STATE TAX DATA		288. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
289. PAY INFORMATION		290. SERVICEMAN DATA		291. LEAVE CAT		292. FEDERAL TAX DATA		293. STATE TAX DATA		294. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
295. PAY INFORMATION		296. SERVICEMAN DATA		297. LEAVE CAT		298. FEDERAL TAX DATA		299. STATE TAX DATA		300. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
301. PAY INFORMATION		302. SERVICEMAN DATA		303. LEAVE CAT		304. FEDERAL TAX DATA		305. STATE TAX DATA		306. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
307. PAY INFORMATION		308. SERVICEMAN DATA		309. LEAVE CAT		310. FEDERAL TAX DATA		311. STATE TAX DATA		312. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
313. PAY INFORMATION		314. SERVICEMAN DATA		315. LEAVE CAT		316. FEDERAL TAX DATA		317. STATE TAX DATA		318. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
319. PAY INFORMATION		320. SERVICEMAN DATA		321. LEAVE CAT		322. FEDERAL TAX DATA		323. STATE TAX DATA		324. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
325. PAY INFORMATION		326. SERVICEMAN DATA		327. LEAVE CAT		328. FEDERAL TAX DATA		329. STATE TAX DATA		330. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
331. PAY INFORMATION		332. SERVICEMAN DATA		333. LEAVE CAT		334. FEDERAL TAX DATA		335. STATE TAX DATA		336. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
337. PAY INFORMATION		338. SERVICEMAN DATA		339. LEAVE CAT		340. FEDERAL TAX DATA		341. STATE TAX DATA		342. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
343. PAY INFORMATION		344. SERVICEMAN DATA		345. LEAVE CAT		346. FEDERAL TAX DATA		347. STATE TAX DATA		348. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
349. PAY INFORMATION		350. SERVICEMAN DATA		351. LEAVE CAT		352. FEDERAL TAX DATA		353. STATE TAX DATA		354. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
355. PAY INFORMATION		356. SERVICEMAN DATA		357. LEAVE CAT		358. FEDERAL TAX DATA		359. STATE TAX DATA		360. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
361. PAY INFORMATION		362. SERVICEMAN DATA		363. LEAVE CAT		364. FEDERAL TAX DATA		365. STATE TAX DATA		366. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
367. PAY INFORMATION		368. SERVICEMAN DATA		369. LEAVE CAT		370. FEDERAL TAX DATA		371. STATE TAX DATA		372. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
373. PAY INFORMATION		374. SERVICEMAN DATA		375. LEAVE CAT		376. FEDERAL TAX DATA		377. STATE TAX DATA		378. SIGNATURE OR OTHER AUTHENTICATION	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
379. PAY INFORMATION		380. SERVICEMAN DATA		381. LEAVE CAT		382. FEDERAL TAX DATA		383. STATE TAX DATA			

UNION

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1970

000000 DATA STATE OF-STATE
000000 17 DEC 68 11 11 17

AFB
SALLEY
JUL 1964

NRK: 19 JULY 76

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
33613		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT		
REASSIGNMENT - CHANGE OF FUNCTIONAL CATEGORY						MO DA YR 20 21 76			REGULAR		
6. FUNDS		V TO V		V TO CF		7. TAN AND NSCA			8. CSE OR OTHER LEGAL AUTHORITY		
CF TO V		X		CF TO CF		T175 3012 1976			50 USC 403 J		
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDA/OTR FUNCTIONAL TRAINING DIVISION OPERATIONS TRAINING BRANCH						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER			13. SERVICE DESIGNATION		
INSTRUCTOR OPS						BD33			DOG		
14. CLASSIFICATION SCHEDULE (S, B, OR I)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP			17. SALARY OR RATE		
GS				1712.32		12 3			25078		
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTERFER CODE		24. HOURS CODE	
37		12		NUMERIC 175 J4		ALPHABETIC OTR		75 J13		1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET		28. DATE OF REF		29. DATE OF GRADE		30. DATE OF LET	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
31. INT. EXP. RES.		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA		35. CORRECTION / CANCELLATION DATA		36. SECURITY REQ. NO.	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
37. VET. PREFERENCE		38. SERV. COMP. DATE		39. LONG COMP. DATE		40. CAREER CATEGORY		41. FEAT. / HEALTH INSURANCE		42. SOCIAL SECURITY NO.	
COCA		MO DA YR		MO DA YR		COCA		COCA		MO DA YR	
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE				44. LEAVE CAT. CODE		45. FEDERAL TAX DATA				46. STATE TAX DATA	
COCA				COCA		COCA				COCA	
1. NO. PREVIOUS SERVICE				1. YES		1. YES				1. YES	
2. NO. PREVIOUS SERVICE				2. NO		2. NO				2. NO	
3. PREVIOUS SERVICE LESS THAN 3 YRS.				3. YES		3. YES				3. YES	
4. PREVIOUS SERVICE MORE THAN 3 YRS.				4. NO		4. NO				4. NO	
SIGNATURE OR OTHER AUTHENTICATION											
FROM: LA											

FORM 1130
1-76 804 10 76Use Previous
EditionAFC
SECRET

22 FORM 1130-1 01-00-762 10 76

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11883 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 12 OCTOBER 1975

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	500	CF GS 12 2	\$20,032

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	500	CF GS 12 1	\$18,463

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 31 MAY 1974.

FLORES DANIEL

036130

41351084

1	SERIAL NO	2	NAME	3	ORGANIZATION	4	FUNDS	5	LWOP HOURS
	036130		FLORES DANIEL		51 500		CF		
6	OLD SALARY RATE			7	NEW SALARY RATE			8 TYPE ACTION	
	Grade	Step	Salary		Grade	Step	Salary	EFFECTIVE DATE	SI ADJ
	GS 12	2	20032		GS 12	3	20678	11/23/75	
			119,076				119,693	11/23/75	
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE									
SIGNATURE								DATE	
<i>[Signature]</i>								<i>[Date]</i>	
<input type="checkbox"/> NO EXCESS LWOP									
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD									
<input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS <i>[Initials]</i> BY <i>[Signature]</i>									
FORM 7-60 500E PAY CHANGE NOTIFICATION 14 511									

REF: 10 SEP 75

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER 13017		2 NAME (LAST FIRST MIDDLE) FLORES DANIEL									
3 NATURE OF PERSONNEL ACTION CONVERSION FROM <input type="checkbox"/> STATUS						4 EFFECTIVE DATE MO DA YR 10 14 75		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS		V TO V		V TO CF		7 FAN AND NSCA 6155 1574 4440		8 CSC OR OTHER LEGAL AUTHORITY 51 USC 493 J			
		CF TO V		CF TO CF							
9 ORGANIZATIONAL DESIGNATIONS DOO/LA DIVISION CUSA OPERATIONS GROUP OPS BRANCH						10 LOCATION OF OFFICIAL STATION WASH., D.C.					
11 POSITION TITLE OPERATIONS OFFICER						12 POSITION NUMBER CQ05		13 SERVICE DESIGNATION DQB			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS				15 OCCUPATIONAL SERIES 6136.01		16 GRADE AND STEP 12 2		17 SALARY OR RATE 19070			
18 REMARKS WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 56		20 EMPLOY CODE 1		21 OFFICE CODING NUMERIC ALPHABETIC 5157 LA		22 STATION CODE 7513		23 INTEGREE CODE 1		24 MOBILE CODE 1	
25 DATE OF BIRTH MO DA YR		26 DATE OF GRADE MO DA YR		27 DATE OF LEI MO DA YR		28 NTE EXPIRES MO DA YR		29 SPECIAL REFERENCE		30 RETIREMENT DATA 1 CSC 2 CUA 3 FICA 4 NCOR	
31 SEPARATION DATA CODE		32 CORRECTION / CANCELLATION DATA TYPE MO DA YR		33 SECURITY REQ NO		34 SER		EOD DATA			
35 VET PREFERENCE CODE 0 NONE 1 5 YR 2 10 YR		36 SERV COMP DATE MO DA YR		37 LONG COMP DATE MO DA YR		38 CAREER CATEGORY CAR NEW FROM SHIP		39 FEGLI / HEALTH INSURANCE CODE 0 WAIVER 1 YES		40 SOCIAL SECURITY NO	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE (AFTER 3 YRS) 3 BREAK IN SERVICE (MORE THAN 3 YRS)		42 LEAVE CAT CODE		43 FEDERAL TAX DATA FORM EXECUTED 1 YES 2 NO		44 STATE TAX DATA FORM EXECUTED 1 YES 2 NO		45 NO TAX EXEMPTIONS		46 STATE CODE	
SIGNATURE OR OTHER AUTHENTICATION											
										POSTED 19 SEP 75	

FORM 1150
9-72 May 9-73Use Previous
Edition

SECRET

E 2 IMPDET CL BY 607622

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LT-92

1 SERIAL NO		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
030130		FLORES DANIEL		51 500		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Last Eff Date	Grade	Step	Salary	EFFECTIVE DATE	WGI	QSI
GS 14	1	18,463	11/25/73	GS 12	2	19,078	11/24/74		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE									
SIGNATURE				DATE					
				23 Sept 74					
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLERKS INITIALS									
10-73 560E Use previous editions PAY CHANGE NOTIFICATION									

LMP: 27 SEPT 74

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)									
036130		FLORES DANIEL									
3 NATURE OF PERSONNEL ACTION						4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT						09 15 74		REGULAR			
6 FUNDS		V TO V		V TO CF		7 FAN AND NSCA		8 CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		X CF TO CF		5135 4534 0000		50 USC 403 J			
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION					
DDO/WH DIVISION WH/COG OPS BRANCH						WASH., D.C.					
11 POSITION TITLE						12 POSITION NUMBER		13 SERVICE DESIGNATION			
OPS OFFICER						1159		DQB			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)				15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE			
GS				0136.01		12 1		17497			
18 REMARKS WASH., D.C.											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE		20 EMPLOY CODE		21 OFFICE CODING		22 STATION CODE		23 INTEREST CODE		24 HOURS CODE	
37		10		51500 WH		75013				1	
25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LET		28 DATE OF SEPARATION		29 CORRECTION / CANCELLATION CODE		30 SECURITY REQ NO	
NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR		NO DA YR	
31 VET PREFERENCE		32 SERV COMP DATE		33 LONG COMP DATE		34 CAREER CATEGORY		35 REG / HEALTH INSURANCE		36 SOCIAL SECURITY NO	
CODE		CODE		CODE		CODE		CODE		CODE	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA		45 FEDERAL TAX DATA		46 STATE TAX DATA	
CODE		CODE		CODE		CODE		CODE		CODE	
1 NO PREVIOUS SERVICE		1 NO PREVIOUS SERVICE		1 YES		1 YES		1 YES		1 YES	
2 BREAK IN SERVICE (LESS THAN 3 YRS)		2 BREAK IN SERVICE (LESS THAN 3 YRS)		2 NO		2 NO		2 NO		2 NO	
3 BREAK IN SERVICE (MORE THAN 3 YRS)		3 BREAK IN SERVICE (MORE THAN 3 YRS)		3 NO		3 NO		3 NO		3 NO	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> POSTED <i>JK 9/27/74</i> </div>											

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)	
13. 13.		FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION			
REASSIGNMENT			
4. FUNDS		5. EFFECTIVE DATE	
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X		6. FAN AND ASCA	
		5155 4554	
		7. CATEGORY OF EMPLOYMENT	
		REGULAR	
		8. CSC OR OTHER LEGAL AUTHORITY	
		33 USC 433 J	
9. ORGANIZATIONAL DESIGNATIONS			
10. LOCATION OF OFFICIAL STATION			
300/MI DIVISION			
WH/CSG			
OPS SUPPORT BRANCH			
WASHINGTON, D.C.			
11. POSITION TITLE			
OPS OFFICER			
12. POSITION NUMBER			
1134			
13. SERVICE DESIGNATION			
OCS			
14. CLASSIFICATION SCHEDULE (GS 18, etc.)			
GS			
15. OCCUPATIONAL SERIES			
3156.01			
16. GRADE AND STEP			
12 1			
17. SALARY OR RATE			
174.97			
18. REMARKS			
LIMA, PERU			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE			
20. EMPLOY CODE			
21. OFFICE CODING			
22. STATION CODE			
23. INTEREST CODE			
24. PAPER CODE			
25. DATE OF BIRTH			
26. DATE OF GRADE			
27. DATE OF LEI			
28. NTS EXPENSE			
29. SPECIAL REFERENCE			
30. RETIREMENT DATA			
31. SEPARATION DATA CODE			
32. CORRECTION/COMPLETION DATA			
33. SECURITY REG NO			
34. MBI			
35. NET PREFERENCE			
36. NET COMP DATE			
37. LONG COMP DATE			
38. CAREER CATEGORY			
39. PHYSICAL HEALTH INSURANCE			
40. SOCIAL SECURITY NO			
41. PREVIOUS FEDERAL GOVERNMENT SERVICE			
42. LEAVE CAT CODE			
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ONS: 27 JUL 74

SECRET
(When Filled In)

研究

NOTIFICATION OF PERSONNEL ACTION

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)															
555134		FLORES DANIEL															
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT										
DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM					MO DA YR 36 23 74		REGULAR										
6. FUNDS		7. PAY TO V		8. PAY TO CF		9. FAN AND NSCA		10. CSC OR OTHER LEGAL AUTHORITY									
<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">▶</div>		CF TO V		CF TO CF		4135 1004 011		PL 82-643 SECT. 203									
11. ORGANIZATIONAL DESIGNATION					12. LOCATION OF OFFICIAL STATION												
DDO/NI DIVISION					<div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>												
13. POSITION TITLE					14. POSITION NUMBER				15. SERVICE DESIGNATION								
									D								
16. CLASSIFICATION SCHEDULE (See 28 USC)				17. OCCUPATIONAL SERIES		18. GRADE AND STEP			19. SALARY OR RATE								
						12											
20. REMARKS																	
EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
21. ACTION CODE		22. EMPLOY CODE		23. PAY CODE		24. STATION CODE		25. PAYABLE CODE		26. MOBILE CODE		27. DATE OF BIRTH		28. DATE OF GRADE		29. DATE OF LST	
												MO DA YR		MO DA YR		MO DA YR	
30. PAY GRADE		31. PAY GRADE		32. RETIREMENT DATA		33. SEPARATION DATA CODE		34. CORRECTION / CANCELLATION DATA		35. SECURITY REG NO		36. SEC					
MO DA YR		MO DA YR		CODE		CODE		MO DA YR		100 DATA							
37. PAY PRESENT		38. PAY COMP DATE		39. LONG COMP DATE		40. CAREER CATEGORY		41. FEEL / HEALTH DISBURSES		42. SOCIAL SECURITY NO							
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE							
43. PERSONAL (For use by Government Service)				44. LEAVE CAT CODE				45. FEDERAL TAX DATA				46. STATE TAX DATA					
1. NO 2. YES 3. NO 4. YES 5. NO 6. YES 7. NO 8. YES 9. NO 10. YES 11. NO 12. YES 13. NO 14. YES 15. NO 16. YES 17. NO 18. YES 19. NO 20. YES 21. NO 22. YES 23. NO 24. YES 25. NO 26. YES 27. NO 28. YES 29. NO 30. YES 31. NO 32. YES 33. NO 34. YES 35. NO 36. YES 37. NO 38. YES 39. NO 40. YES 41. NO 42. YES 43. NO 44. YES 45. NO 46. YES 47. NO 48. YES 49. NO 50. YES 51. NO 52. YES 53. NO 54. YES 55. NO 56. YES 57. NO 58. YES 59. NO 60. YES 61. NO 62. YES 63. NO 64. YES 65. NO 66. YES 67. NO 68. YES 69. NO 70. YES 71. NO 72. YES 73. NO 74. YES 75. NO 76. YES 77. NO 78. YES 79. NO 80. YES 81. NO 82. YES 83. NO 84. YES 85. NO 86. YES 87. NO 88. YES 89. NO 90. YES 91. NO 92. YES 93. NO 94. YES 95. NO 96. YES 97. NO 98. YES 99. NO 100. YES				49. LEAVE CAT CODE 50. LEAVE CAT CODE 51. LEAVE CAT CODE 52. LEAVE CAT CODE 53. LEAVE CAT CODE 54. LEAVE CAT CODE 55. LEAVE CAT CODE 56. LEAVE CAT CODE 57. LEAVE CAT CODE 58. LEAVE CAT CODE 59. LEAVE CAT CODE 60. LEAVE CAT CODE 61. LEAVE CAT CODE 62. LEAVE CAT CODE 63. LEAVE CAT CODE 64. LEAVE CAT CODE 65. LEAVE CAT CODE 66. LEAVE CAT CODE 67. LEAVE CAT CODE 68. LEAVE CAT CODE 69. LEAVE CAT CODE 70. LEAVE CAT CODE 71. LEAVE CAT CODE 72. LEAVE CAT CODE 73. LEAVE CAT CODE 74. LEAVE CAT CODE 75. LEAVE CAT CODE 76. LEAVE CAT CODE 77. LEAVE CAT CODE 78. LEAVE CAT CODE 79. LEAVE CAT CODE 80. LEAVE CAT CODE 81. LEAVE CAT CODE 82. LEAVE CAT CODE 83. LEAVE CAT CODE 84. LEAVE CAT CODE 85. LEAVE CAT CODE 86. LEAVE CAT CODE 87. LEAVE CAT CODE 88. LEAVE CAT CODE 89. LEAVE CAT CODE 90. LEAVE CAT CODE 91. LEAVE CAT CODE 92. LEAVE CAT CODE 93. LEAVE CAT CODE 94. LEAVE CAT CODE 95. LEAVE CAT CODE 96. LEAVE CAT CODE 97. LEAVE CAT CODE 98. LEAVE CAT CODE 99. LEAVE CAT CODE 100. LEAVE CAT CODE				47. FEDERAL TAX DATA 48. FEDERAL TAX DATA 49. FEDERAL TAX DATA 50. FEDERAL TAX DATA 51. FEDERAL TAX DATA 52. FEDERAL TAX DATA 53. FEDERAL TAX DATA 54. FEDERAL TAX DATA 55. FEDERAL TAX DATA 56. FEDERAL TAX DATA 57. FEDERAL TAX DATA 58. FEDERAL TAX DATA 59. FEDERAL TAX DATA 60. FEDERAL TAX DATA 61. FEDERAL TAX DATA 62. FEDERAL TAX DATA 63. FEDERAL TAX DATA 64. FEDERAL TAX DATA 65. FEDERAL TAX DATA 66. FEDERAL TAX DATA 67. FEDERAL TAX DATA 68. FEDERAL TAX DATA 69. FEDERAL TAX DATA 70. FEDERAL TAX DATA 71. FEDERAL TAX DATA 72. FEDERAL TAX DATA 73. FEDERAL TAX DATA 74. FEDERAL TAX DATA 75. FEDERAL TAX DATA 76. FEDERAL TAX DATA 77. FEDERAL TAX DATA 78. FEDERAL TAX DATA 79. FEDERAL TAX DATA 80. FEDERAL TAX DATA 81. FEDERAL TAX DATA 82. FEDERAL TAX DATA 83. FEDERAL TAX DATA 84. FEDERAL TAX DATA 85. FEDERAL TAX DATA 86. FEDERAL TAX DATA 87. FEDERAL TAX DATA 88. FEDERAL TAX DATA 89. FEDERAL TAX DATA 90. FEDERAL TAX DATA 91. FEDERAL TAX DATA 92. FEDERAL TAX DATA 93. FEDERAL TAX DATA 94. FEDERAL TAX DATA 95. FEDERAL TAX DATA 96. FEDERAL TAX DATA 97. FEDERAL TAX DATA 98. FEDERAL TAX DATA 99. FEDERAL TAX DATA 100. FEDERAL TAX DATA				46. STATE TAX DATA 47. STATE TAX DATA 48. STATE TAX DATA 49. STATE TAX DATA 50. STATE TAX DATA 51. STATE TAX DATA 52. STATE TAX DATA 53. STATE TAX DATA 54. STATE TAX DATA 55. STATE TAX DATA 56. STATE TAX DATA 57. STATE TAX DATA 58. STATE TAX DATA 59. STATE TAX DATA 60. STATE TAX DATA 61. STATE TAX DATA 62. STATE TAX DATA 63. STATE TAX DATA 64. STATE TAX DATA 65. STATE TAX DATA 66. STATE TAX DATA 67. STATE TAX DATA 68. STATE TAX DATA 69. STATE TAX DATA 70. STATE TAX DATA 71. STATE TAX DATA 72. STATE TAX DATA 73. STATE TAX DATA 74. STATE TAX DATA 75. STATE TAX DATA 76. STATE TAX DATA 77. STATE TAX DATA 78. STATE TAX DATA 79. STATE TAX DATA 80. STATE TAX DATA 81. STATE TAX DATA 82. STATE TAX DATA 83. STATE TAX DATA 84. STATE TAX DATA 85. STATE TAX DATA 86. STATE TAX DATA 87. STATE TAX DATA 88. STATE TAX DATA 89. STATE TAX DATA 90. STATE TAX DATA 91. STATE TAX DATA 92. STATE TAX DATA 93. STATE TAX DATA 94. STATE TAX DATA 95. STATE TAX DATA 96. STATE TAX DATA 97. STATE TAX DATA 98. STATE TAX DATA 99. STATE TAX DATA 100. STATE TAX DATA					
SIGNATURE OF OTHER AUTHENTICATION																	
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SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

005

1 SERIAL NUMBER 030130		2 NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3 NATURE OF PERSONNEL ACTION PROMOTION		4 EFFECTIVE DATE 11 25 73	5 CATEGORY OF EMPLOYMENT REGULAR
6 FUNDS	V TO V CF TO V	V TO CF CF TO CF	7 PAN AND NSCA 4135 1084 0000
8 ORGANIZATIONAL DESIGNATIONS DDO/WH DIVISION FOREIGN FIELD BRANCH 3 STATION		9 CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
10 LOCATION OF OFFICIAL STATION		11 POSITION TITLE OPS OFFICER	12 POSITION NUMBER 0136
13 SERVICE DESIGNATION D		14 CLASSIFICATION SCHEDULE (OS, LB, etc.) GS	15 OCCUPATIONAL SERIES 0136.01
16 GRADE AND STEP 12 1		17 SALARY OR RATE 17427	
18 REMARKS HOME CASE: WH			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE 22	20 EMPLOYER CODE 10	21 OFFICE CODING 51760 WH	22 STATION CODE 57085
23 INTEGRITY CODE 3	24 HOURS CODE 3	25 DATE OF BIRTH 11 25 73	26 DATE OF GRADE 11 25 73
27 DATE OF LEI 11 25 73	28 INT EXPRESS NO DA YES	29 SPECIAL REFERENCE 1 FUL 2 C.A. 3 P.S.A. 4 Noted	30 RETIREMENT DATA CODE
31 SEPARATION DATA CODE	32 CORRECTION - Cancellation Date DATE NO DA YES	33 SECURITY REQ NO	34 SER
35 VET PREFERENCE 1 NO 2 YES	36 SERV COMP DATE NO DA YES	37 LONG COMP DATE NO DA YES	38 CAREER CATEGORY 1 AB 2 SA 3 PO 4 TEMP
39 REGI HEALTH INSURANCE 1 YES 2 NO	40 SOCIAL SECURITY NO	41 PREVIOUS CIVILIAN GOVERNMENT SERVICE 1 NO PREVIOUS SERVICE 2 NO DURING IN SERVICE 3 DURING IN SERVICE AFTER DISCHARGE 4 DURING IN SERVICE AFTER DISCHARGE	
42 LEAVE CAT CODE	43 FEDERAL TAX DATA 1 YES 2 NO	44 STATE TAX DATA 1 YES 2 NO	45 STATE CODE
SIGNATURE OF OTHER AUTHENTICATION 11/25/73			

P-3300 11/73
1-72 100 11-73Vet Preference
Table

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DMS

6-2 (Rev. 1-73) (1-73)

DB

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE
DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	760	CF GS 11 4	\$16,138

27

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER
11691 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	760	CF GS 11 4	\$15,394

BS: 8 DEC 71

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						11 28 71		REGULAR			
6. FUNDS		V TO V		V TO CP		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CP TO V		X		CP TO CP		2135 1084 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH DIVISION FOREIGN FIELD BRANCH 3, [] STATION						[]					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						0136		D			
14. CLASSIFICATION SCHEDULE (GS, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		11 3		13457			
18. REMARKS											
[]											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INITIATION CODE	24. PAYMENT CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI		
22	10	51760 WH		57085	[]	3	11 28 71	11 28 71	11 28 71		
28. PTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION / CANCELLATION DATA		33. SECURITY REQ NO	
[]		[]		[]		[]		[]		[]	
35. VET PREFERENCE		36. SERV COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. REGUL / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
[]		[]		[]		[]		[]		[]	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
[]				[]		[]		[]			
SIGNATURE OF OTHER AUTHENTICATION											
[]											
<div style="float: right; border: 1px solid black; padding: 5px;"> POSTED 12-9-71 </div>											

FORM 1150
8-68Use Previous
Edition

SECRET

When Filled In

WEB: 29 SEPT 71

SECRET

When Filled In

NOTIFICATION OF PERSONNEL ACTION											
ODF											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				09 19 71		REGULAR					
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		2135 1084 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/WH FOREIGN FIELD BRANCH 3						STATION					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION					
OPS OFFICER				0136		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0136.01		10 3		12285			
18. REMARKS											
GUAYAQUIL, ECUADOR											
HOME BASE: WH											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEREST CODE		24. HONORARY CODE	
37		10		51700 WH		57085		3			
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. SPECIAL REFERENCE		29. RETIREMENT DATA		30. SEPARATION DATA CODE	
MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR		MO DA YR	
XX XX XX		XX XX XX		XX XX XX		XX XX XX		XX XX XX		XX XX XX	
31. VET PREFERENCE		32. SERV COMP DATE		33. LONG COMP DATE		34. CAREER CATEGORY		35. FEGLI - HEALTH INSURANCE		36. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
1. NONE 2. 1 YR 3. 10 YR		1. NONE 2. 1 YR 3. 10 YR		1. NONE 2. 1 YR 3. 10 YR		1. NONE 2. 1 YR 3. 10 YR		1. NONE 2. 1 YR 3. 10 YR		1. NONE 2. 1 YR 3. 10 YR	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
CODE				CODE		CODE		CODE			
1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 3 YRS) 4. BREAK IN SERVICE (MORE THAN 3 YRS)				1. YES 2. NO		1. YES 2. NO		1. YES 2. NO			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 1971-9-6-71 </div> </div>											

FORM 3-68

1150
May 6-70

Use Previous Edition

SECRET

BS

(Indicate from whom submitted -
 originating office -
 date received)

1. SERIAL NO. 2. NAME 3. ORGANIZATION 4. FUNDS 5. LWOP HOURS

036130 FLORES DANIEL 51 700 CF

6. OLD SALARY RATE 7. NEW SALARY RATE 8. TYPE ACTION

Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 10	2	\$11,901	07/26/70	GS 10	1	\$12,295	07/25/71		

CERTIFICATION AND AUTHENTICATION

I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.

SIGNATURE _____ DATE 6 May 1971

☐ NO EXCESS LWOP

☐ IN PAY STATUS AT END OF WAITING PERIOD

☐ LWOP STATUS AT END OF WAITING PERIOD

CLERKS INITIALS AUDITED BY

FORM 560 E Use previous editions PAY CHANGE NOTIFICATION (4-51)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11576 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	700	CF GS 10 2	\$11,901

SECRET

(When Filled In)

BSJ: 10 AUG 70

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
036136		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION				07 29 70		REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analysis No Chargeable		8. CSC OR OTHER LEGAL AUTHORITY	
CF TO V		X		CF TO CF		1135 0884 0000		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/WH FOREIGN FIELD BRANCH 3									
STATION BASE									
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER				0376		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0136.01		10 2		11231			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGRAL CODE	24. MAJOR CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
22	10	51700 WH		19559		3	07 26 70	07 26 70	07 26 70
28. INT. EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION / CANCELLATION DATA	
07 25 72		81						EOD DATA	
33. VET. PREFERENCE		34. SERV. COMP. DATE		35. LONG COMP. DATE		36. CAREER CATEGORY		37. FEELI. HEALTH INSURANCE	
38. PREVIOUS CIVILIAN GOVERNMENT SERVICE				39. LEAVE CAT. CODE		40. FEDERAL TAX DATA		41. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									

SECRET

POSTED

CE 11231/250

11 AUG 1970

11231

11231

G55

1 SERIAL NO.		2 NAME		3 ORGANIZATION		4 FUNDS		5 LWOP HOURS	
036130		FLURES DANIEL		91 700		CF			
6 OLD SALARY RATE				7 NEW SALARY RATE				8 TYPE ACTION	
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 09	2	\$ 9,631	04/06/69	GS 09	3	\$ 9,942	04/05/70		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE						DATE			
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLEAR'S INITIALS		RENTLE						AUDITED BY	
FORM 7-60 560 E		Use previous editions		PAY CHANGE NOTIFICATION				(4.31)	

VVVV

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14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-204 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	700	CF GS 09 2	\$ 9,631

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11524 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 28 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
FLORES DANIEL	036130	51	700	CF GS 09 2	\$10,210

SECRET

(When Filled In)

JLD: 24 APR 69

NOTIFICATION OF PERSONNEL ACTION

COF

1. SERIAL NUMBER 036130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE 04 10 69	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CF TO V X	V TO CF CF TO CF	7. Personnel Analysis No. Chargeable 9135 0884 0000
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 3 STATION BASE		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0376	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (OS, IS, ON) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 09 2	17. SALARY OR RATE 8744
18. REMARKS			
MARITAL STATUS: MARRIED			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 55	20. EMPLOY CODE 10	21. OFFICE CODING NUMBER 51700 ALPHABET WH	22. STATION CODE 19559
23. INTEGRITY CODE	24. PAY CODE 3	25. DATE OF BIRTH	26. DATE OF GRADE
27. DATE OF LEI	28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
31. SEPARATION DATA CODE	32. CORRECTION - CONCILIATION DATA	33. SECURITY REQ NO	
34. VET PREFERENCE	35. SERV COMP DATE	36. LONG COMP DATE	37. CAREER CATEGORY
38. REG. HEALTH INSURANCE	39. SOCIAL SECURITY NO	40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. STATE TAX DATA	43. FEDERAL TAX DATA	44. STATE TAX DATA
45. SIGNATURE OF OTHER AUTHENTICATION	46. SIGNATURE OF OTHER AUTHENTICATION		

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SECRET

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SECRET

(When Filled In)

JLB: 22 APR 69

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER 036130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION PROMOTION, TRANSFER TO CONFIDENTIAL FUNDS AND CHANGE OF SERVICE DESIGNATION		4. EFFECTIVE DATE 04 16 69	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V	7. TO CF CF TO CF	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 3 STATION BASE		10. LOCATION OF OFFICIAL STATION	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 0375	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS 15-44) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 03 2	17. SALARY OR RATE 3744
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 20	20. EMPLOY CODE 10	21. OFFICE CODING 51700 WH	22. STATION CODE 19559
23. DATE OF BIRTH 04 06 69	24. DATE OF GRADE 04 06 69	25. DATE OF LEI 04 06 69	26. SECURITY REQ NO 04 06 69
27. PPS SERVICE 04 06 69	28. SPECIAL REFERENCE 04 06 69	29. RETIREMENT DATA 04 06 69	30. SEPARATION DATA CODE 04 06 69
31. VET PREFERENCE 04 06 69	32. SERV COMP DATE 04 06 69	33. LONG COMP DATE 04 06 69	34. CAREER CATEGORY 04 06 69
35. HEALTH INSURANCE 04 06 69	36. SOCIAL SECURITY NO 04 06 69	37. FEDERAL TAX DATA 04 06 69	38. STATE TAX DATA 04 06 69
39. SIGNATURE OF OTHER AUTHENTICATION			

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JLU: 7 OCT 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)							
036130		FLORES DANIEL							
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT				10 06 68		REGULAR			
6 FUNDS		X		V TO V		V TO CF		7 Financial Analysis No. Chargeable	
		CF TO V		CF TO CF		9235 0620 0000		8 CSC OR OTHER LEGAL AUTHORITY	
								50 USC 403 J	
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION					
DDP/WH BRANCH 4				SECTION					
				WASH., D.C.					
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION			
OPS OFFICER				1441		SJ			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE			
GS		0136.01		08 2		7956			
18 REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGRITY CODE	24 PAYING CODE	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEI
37	10	51450 WH		75013		1	MO DA YR	MO DA YR	MO DA YR
28 NTE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 SECURITY REQ NO	
MO DA YR				1 F W 2 C A 3 P L A 4 N O N E		1 F W 2 C A 3 P L A 4 N O N E		34 SEX	
35 VET PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 REGU / HEALTH INSURANCE	
CODE		MO DA YR		MO DA YR		C A R P R O V S E N P		C O D E H E A L T H I N S C O D E	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE		42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA			
CODE		CODE		CODE		CODE			
1 NO PREVIOUS SERVICE 2 NO BREAK IN SERVICE 3 BREAK IN SERVICE LESS THAN 3 YRS 4 BREAK IN SERVICE MORE THAN 3 YRS		1 YES 2 NO		1 YES 2 NO		1 YES 2 NO			
SIGNATURE OR OTHER AUTHENTICATION									
FROM CTP									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> LOANED <i>[Signature]</i> 10/16/68 </div>									

FORM 1150
1-68Use Previous
Edition

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Excluded from automatic
downgrading and
declassification

(When Filled In)

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 216 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FLORES DANIEL	036130	28	300	V GS 08 2	\$ 7,630	\$ 7,956

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962,"

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FLORES DANIEL	036130	28	300	V GS 06 3	\$ 6,263	\$ 6,547

JLB: 24 JUN 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)									
036130		FLORES DANIEL									
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
PROMOTION						06 16 68		REGULAR			
6. FUNDS		X		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO CF		8275 2100 0000		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATION						10. LOCATION OF OFFICIAL STATION					
ODS/OTR CAREER TRAINING PROGRAM						WASH., D.C.					
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
CAREER TRAINEE						0745		SJ			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS				0090.01		08 2		7630			
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. PAYMENT CODE	
22		10		26300 CTP		75013				1	
25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		28. DATE OF BIRTH		29. DATE OF GRADE		30. DATE OF LEI	
06 16 68		06 16 68		06 16 68		06 16 68		06 16 68		06 16 68	
31. NTE EXPIRES		32. SPECIAL REFERENCE		33. RETIREMENT DATA		34. SEPARATION DATA CODE		35. Correction - Cancellation Data		36. SECURITY REQ NO	
MO DA YR		1. CSC 2. CIA 3. PCA 4. NCHS		CODE		TYPE		MO DA YR		37. SEA	
38. VET PREFERENCE		39. SERV COMP DATE		40. LONG COMP DATE		41. CAREER CATEGORY		42. FEGLI / HEALTH INSURANCE		43. SOCIAL SECURITY NO.	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
44. PREVIOUS CIVILIAN GOVERNMENT SERVICE		45. LEAVE CAT CODE		46. FEDERAL TAX DATA		47. STATE TAX DATA		48. FEDERAL TAX DATA		49. STATE TAX DATA	
CODE		CODE		CODE		CODE		CODE		CODE	
1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE LESS THAN 3 YRS. 4. BREAK IN SERVICE MORE THAN 3 YRS.		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO		1. YES 2. NO	
SIGNATURE OR OTHER AUTHENTICATION											

POSTED
PC
6-24-68

FORM 5-64 1150
May 10-67

Use Previous Edition

SECRET

JLB

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

FVD: 15 DEC 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 030130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION PROMOTION AND CHANGE OF SERVICE DESIGNATION			4. EFFECTIVE DATE MO. DA. YR. 12 17 67
			5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	<input checked="" type="checkbox"/> V TO V <input type="checkbox"/> CF TO V	<input type="checkbox"/> V TO CF <input type="checkbox"/> CF TO CF	7. Financial Analysis No. Chargeable 6275 2100 0000
			8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS JCS/OTR CAREER TRAINING PROGRAM			10. LOCATION OF OFFICIAL STATION WASH., D.C.
11. POSITION TITLE CAREER TRAINEE			12. POSITION NUMBER 0748
			13. SERVICE DESIGNATION SJ
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS	15. OCCUPATIONAL SERIES 0000.01	16. GRADE AND STEP 07-2	17. SAL-47 OR RATE 6859
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 22	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC ALPHABETIC 28300 CTP	22. STATION CODE 75013
23. INTEGREE CODE	24. MILEAGE CODE	25. DATE OF BIRTH MO. DA. YR. 12 17 67	26. DATE OF GRADE MO. DA. YR. 12 17 67
27. DATE OF LEI MO. DA. YR. 12 17 67	28. NTE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE
30. RETIREMENT DATA 1 - CSC 2 - CIA 3 - PICA 4 - NONE		31. SEPARATION DATA CODE TYPE	32. CORRECTION/CANCELLATION DATA MO. DA. YR.
33. VET PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT		34. SERV COMP DATE MO. DA. YR.	35. LONG COMP DATE MO. DA. YR.
36. CAREER CATEGORY CODE CAR CIVIL PROV TEMP		37. FEGLI / HEALTH INSURANCE CODE 0 - WAIVER 1 - YES	38. SOCIAL SECURITY NO.
39. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)		40. LEAVE CAT CODE	41. FEDERAL TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO
		42. STATE TAX DATA FORM EXECUTED CODE 1 - YES 2 - NO	43. NO TAX STATE CODE
SIGNATURE OR OTHER AUTHENTICATION			
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FORM 1150

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SECRET

FVD

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

MAH: 20 SEPT 67

NOTIFICATION OF PERSONNEL ACTION													
OCF													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
036130		FLORES DANIEL											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
CHANGE OF COST CENTER NUMBER						09 07 67		REGULAR					
6. FUNDS		X		V TO V		V TO CF		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY			
		CF TO V		CF TO CF		8235 0620 0000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP/WH WH/COG INTELLIGENCE BRANCH OPERATIONS SUPPORT SECTION						WASH., D.C.							
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION					
INTELLIGENCE ASST						1174		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE					
GS				0301.28		06 3		6263					
18. REMARKS													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. Hdqtrs. Code	25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI		
37	10	NUMERIC	ALPHABETIC				MO	DA	YR	MO	DA	YR	
		51500	WH	75013									
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG NO.		34. SER	
NO	DA	YR		1 - CSC	2 - CIA	3 - PICA	4 - SCRA	TYPE	MO	DA	YR		
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE	0 - NONE 1 - 5 PT 2 - 10 PT	NO	DA	YR	NO	DA	YR	CAR	W/SV	CODE	CODE	0 - WAIVER 1 - YES	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA			
CODE				CODE		FORM EXECUTED				FORM EXECUTED			
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS						1 - YES 2 - NO				1 - YES 2 - NO			
SIGNATURE OR OTHER AUTHENTICATION													

FORM 1150

Use Previous Edition

SECRET

MAH

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

SECRET
(When Filled In)

6-43

Prob

NOTIFICATION OF PERSONNEL ACTION									
OCS 10/07/67									
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)							
036130		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
CONV. TO CAREER EMPLOYEE STATUS				MO DA YE 03 11 65					
6. FUNDS		X		V TO V		V TO CF		7. FINANCIAL ANALYSIS NO. (NARGLEABLE)	
		CF TO V		CF TO CF				8. CSC OR OTHER LEGAL AUTHORITY	
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/WM DIVISION									
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION			
						D			
14. CLASSIFICATION SCHEDULE (GS, LR, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE		
18. REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									

Form 11900
7-65 MPO 9-66

Use Previous
Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

26-10

SECRET

(When Filled In)

MAIL: 28 JULY 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
036130		FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
PROMOTION & PAY ADJUSTMENT TO FULL TIME		07 130 167	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. Financial Analysis No. (Optional)	
X V TO V		8. CSC OR OTHER LEGAL AUTHORITY	
CF TO V		8235 1162 0000	
CF TO CF		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/WH WH/COG INTELLIGENCE BRANCH OPERATIONAL SUPPORT SECTION		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	
INTELLIGENCE ASST		1174	
13. SERVICE DESIGNATION		D	
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES	
GS		0301.28	
16. GRADE AND STEP		17. SALARY GS RATE	
06 3		6263	
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE
28	10	51500 WH	75013
23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF LSI	26. DATE OF LSI
07 30 67	07 30 67	07 30 67	07 30 67
27. HTE EXPIRES	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA CODE
31. VET PREFERENCE	32. SERV COMP DATE	33. LONG COMP DATE	34. CAREER CATEGORY
35. PREVIOUS CIVILIAN GOVERNMENT SERVICE	36. LEAVE CAT	37. FEDERAL TAX DATA	38. STATE TAX DATA
SIGNATURE OR OTHER AUTHENTICATION			

POSTED

08-27-67

FORM 1120

Use Previous Edition

SECRET

file

1. NAME AND TITLE OF OFFICIAL
2. SIGNATURE
3. DATE

Official Filled In

653

1. Serial No.		2. Name		3. Last Grade Assigned		4. LWOP Status				
036130		FLORES DANIEL		51 500 V						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last Pay Date	Grade	Step	Salary	Effective Date	PST	ISI	ADI
GS 05	3	5,573	03/14/65	GS 05	4	5,694	03/13/66			
8. Remarks and Authentication										
<input checked="" type="checkbox"/> NO EXCESS LWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input checked="" type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>DA</i> AUDITED BY <i>DA</i>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i>				DATE: 9 FEB 66						
PAY CHANGE NOTIFICATION										

Form 1-65 560E May 2-65

(4-51)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504, PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUND	GR-STEP	OLD SALARY	NEW SALARY
FLORES DANIEL	036130	51	500	V GS 05 4	\$ 5,694	\$ 5,859

FJH: 21 SEPT 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																																																																																																																																																															
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)																																																																																																																																																													
036130		FLORES DANIEL																																																																																																																																																													
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT																																																																																																																																																									
REASSIGNMENT				09 19 66		PART TIME																																																																																																																																																									
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY																																																																																																																																																											
X		7235 1162 0000		50 USC 403 J																																																																																																																																																											
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION																																																																																																																																																											
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14. CLASSIFICATION SCHEDULE (GS, AB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE																																																																																																																																																									
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																																																																																																																																															
<table border="1"> <thead> <tr> <th colspan="2">ACTION CODE</th> <th colspan="2">20. EMPLOY CODE</th> <th colspan="2">21. OFFICE CODING</th> <th colspan="2">22. STATION CODE</th> <th colspan="2">23. INTEGRITY CODE</th> <th colspan="2">24. MODITY CODE</th> <th colspan="2">25. DATE OF BIRTH</th> <th colspan="2">26. DATE OF GRADE</th> <th colspan="2">27. DATE OF LEV</th> </tr> <tr> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2">NUMERIC ALPHABETIC</th> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2"></th> <th colspan="2">MO DA YR.</th> <th colspan="2">MO DA YR.</th> <th colspan="2">MO DA YR.</th> </tr> </thead> <tbody> <tr> <td colspan="2">7</td> <td colspan="2">36</td> <td colspan="2">51500 WH</td> <td colspan="2">75013</td> <td colspan="2"></td> <td colspan="2">1</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">28. NTE EXPIRES</td> <td colspan="2">29. SPECIAL REFERENCE</td> <td colspan="2">30. RETIREMENT DATA</td> <td colspan="2">31. SEPARATION DATA CODE</td> <td colspan="2">32. CORRECTION/CANCELLATION DATA</td> <td colspan="2">33. SECURITY SIG. NO.</td> <td colspan="2">34. SEX</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">MO DA YR.</td> <td colspan="2"></td> <td colspan="2">1. CSC 2. PICA 3. NONE</td> <td colspan="2">CODE</td> <td colspan="2">TYPE MO DA YR.</td> <td colspan="2">EOD DATA</td> <td colspan="2"></td> <td colspan="4"></td> </tr> <tr> <td colspan="2">35. JVT PREFERENCE</td> <td colspan="2">36. SERV COMP DATE</td> <td colspan="2">37. LONG COMP. DATE</td> <td colspan="2">38. CAREER CATEGORY</td> <td colspan="2">39. PEGIT / HEALTH INSURANCE</td> <td colspan="2">40. SOCIAL SECURITY NO.</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">1. NONE 2. OPT 3. TO PT</td> <td colspan="2">MO DA YR.</td> <td colspan="2">MO DA YR.</td> <td colspan="2">CAN. OPT. CODE PROV. TIME</td> <td colspan="2">CODE CODE 0. DRIVER 1. YES</td> <td colspan="2">HEALTH INS. CODE</td> <td colspan="4"></td> </tr> <tr> <td colspan="4">41. PREVIOUS GOVERNMENT SERVICE DATA</td> <td colspan="2">42. LEAVE CAT. CODE</td> <td colspan="4">43. FEDERAL TAX DATA</td> <td colspan="4">44. STATE TAX DATA</td> </tr> <tr> <td colspan="4">1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 3 YRS.) 4. BREAK IN SERVICE (MORE THAN 3 YRS.)</td> <td colspan="2"></td> <td colspan="4">FORM EXECUTED CODE NO. TAX EXEMPTIONS FORM EXECUTED CODE NO. TAX EXEMPTIONS</td> <td colspan="4">CODE NO. TAX EXEMPTIONS</td> </tr> </tbody> </table>										ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. MODITY CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEV						NUMERIC ALPHABETIC								MO DA YR.		MO DA YR.		MO DA YR.		7		36		51500 WH		75013				1								28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY SIG. NO.		34. SEX						MO DA YR.				1. CSC 2. PICA 3. NONE		CODE		TYPE MO DA YR.		EOD DATA								35. JVT PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. PEGIT / HEALTH INSURANCE		40. SOCIAL SECURITY NO.						1. NONE 2. OPT 3. TO PT		MO DA YR.		MO DA YR.		CAN. OPT. CODE PROV. TIME		CODE CODE 0. DRIVER 1. YES		HEALTH INS. CODE						41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA				1. NO PREVIOUS SERVICE 2. NO BREAK IN SERVICE 3. BREAK IN SERVICE (LESS THAN 3 YRS.) 4. BREAK IN SERVICE (MORE THAN 3 YRS.)						FORM EXECUTED CODE NO. TAX EXEMPTIONS FORM EXECUTED CODE NO. TAX EXEMPTIONS				CODE NO. TAX EXEMPTIONS			
ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGRITY CODE		24. MODITY CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEV																																																																																																																																															
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35. JVT PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. PEGIT / HEALTH INSURANCE		40. SOCIAL SECURITY NO.																																																																																																																																																					
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SIGNATURE OR OTHER AUTHENTICATION																																																																																																																																																															
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 21 SEP 66 </div>																																																																																																																																																															

FORM 1150

Use Previous Edition

SECRET

 Label 1
 (When Filled In)

(When Filled In)

SECRET
(When Filled In)

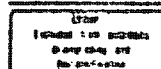
RZF: 28 JAN 66

NOTIFICATION OF PERSONNEL ACTION									
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)							
036130		FLORES DANIEL							
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
CHG IN STRENGTH COUNT				01 30 66		PART TIME			
6 FUNDS		7 TO V		8 TO CF		9 COST CENTER NO. CHARGEABLE		10 CLK OR OTHER LEGAL AUTHORITY	
X						6235 1162 0000		50 USC 403 J	
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION					
DDP/WH WH/C INTELLIGENCE BRANCH REPORTS AND REQUIREMENTS SECTION				WASH., D.C.					
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION			
INTELLIGENCE CLERK				1184		D			
14 CLASSIFICATION SCHEDULE (GS, LO, etc.)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE			
GS		0301.27		05 3		5523			
18 REMARKS									
THIS ACTION CORRECTS COMPUTER CODING TO REFLECT CHANGE IN STRENGTH COUNT OF PART TIME PERSONNEL IN ACCORDANCE WITH PROVISIONS OF HR-20-10, REVISED 21 DECEMBER 1965.									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING		22 STATION CODE	23 INTEGRAL CODE	24 HOURS	25 DATE OF BIRTH	26 DATE OF GRADE	27 DATE OF LEA
33	36	NUMERIC ALPHABETIC		75013			MO DA YR	MO DA YR	MO DA YR
28 HTE EXPIRES		29 SPECIAL REFERENCE		30 RETIREMENT DATA		31 SEPARATION DATA CODE		32 CORRECTION/CANCELLATION DATA	
MO DA YR		1. COL 2. PICA 3. NONE		CODE		TYPE MO DA YR		33 SECURITY REQ NO	
35 VET. PREFERENCE		36 SERV COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FEGLI / HEALTH INSURANCE	
CODE 0 NONE 1 5 PT 2 10 PT		MO DA YR		MO DA YR		CODE 0 NONE 1 100 2 100		CODE 0 NONE 1 100 2 100	
41 PREVIOUS GOVERNMENT SERVICE DATA				42 LEAVE CAT		43 FEDERAL TAX DATA		44 STATE TAX DATA	
CODE 0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE 4-156 THEN 3 YES 3 BREAK IN SERVICE 4-156 THEN 3 YES				CODE 1 YES 2 NO		CODE 1 YES 2 NO		CODE 1 YES 2 NO	
SIGNATURE OR OTHER AUTHENTICATION									

FORM 1150
11 62

Use Previous
Edition

SECRET



(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 49-301,
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
FLORES DANIEL	036130	51	500	V GS 05 3	\$ 5,330	\$ 5,523

SECRET
(When Filled In)

25 AUG 65

NOTIFICATION OF PERSONNEL ACTION

001

1. SERIAL NUMBER 036130		2. NAME (LAST-FIRST-MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE 08 25 65	
5. CATEGORY OF EMPLOYMENT PART TIME		6. COST CENTER NO. CHARGEABLE 6235 1162 (XXX)	
7. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J		8. ORGANIZATIONAL DESIGNATIONS DDP/WH WH/C INTELLIGENCE BRANCH REPORTS AND REQUIREMENTS SECTION	
9. LOCATION OF OFFICIAL STATION WASH., D.C.		10. POSITION TITLE INTELLIGENCE CLERK	
11. POSITION NUMBER 1184		12. SERVICE DESIGNATION D	
13. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		14. OCCUPATIONAL SERIES 0301.27	
15. GRADE AND STEP 05 3		16. SALARY OR RATE 5330	
17. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION NO. EMPLOY CODE 37 20	21. OFFICE CODING NUMERIC ALPHABETIC 515(X) WH	22. STATION CODE 75(13)	23. INTEGREE CODE 1
24. DATE OF BIRTH MO DA YR 08 25 65	25. DATE OF GRADE MO DA YR 08 25 65	26. DATE OF LEI MO DA YR 08 25 65	27. SECURITY REQ NO 0000
28. NTE EXPIRES MO DA YR 08 25 65	29. SPECIAL REFERENCE 0000	30. RETIREMENT DATA 1. CSC 2. PICA 3. NONE 0000	31. SEPARATION DATA CODE 0000
32. CORRECTION/CANCELLATION DATA TYPE MO DA YR 0000	33. CAREER CATEGORY 1. YES 2. NO 0000	34. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES 0000	35. SOCIAL SECURITY NO. 0000
36. VET. PREFERENCE CODE 0 - NONE 1 - B PT 2 - 10 PT 0000	37. SERV. COMP. DATE MO DA YR 08 25 65	38. LONG COMP. DATE MO DA YR 08 25 65	39. LEAVE CAT CODE 0000
40. PREVIOUS GOVERNMENT SERVICE DATA CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS) 0000	41. FEDERAL TAX DATA FORMER EMPLOYED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO 0000	42. STATE TAX DATA FORMER EMPLOYED CODE NO TAX EXEMPTIONS 1 - YES 2 - NO 0000	43. SIGNATURE OR OTHER AUTHENTICATION 8 27 65 W

FORM 1150
11 62

Use Previous
Edition

SECRET

GROUP 1 - NO AUTOMATIC
DOWNGRADING AND
DECLASSIFICATION

(When Filled In)

1	Serial No		2		Name		3		Cost Center Number		4		LWOP Hours		
	036130				FLORES DANIEL				49 150		36F V				
5.		OLD SALARY RATE				6.		NEW SALARY RATE				7		TYPE ACTION	
	Grade	Step	Salary	Last Eff. Date		Grade	Step	Salary	Effective Date		PS	LS	ADJ.		
	GS 05	2	\$ 5,165	03/15/64		GS 05	3	\$ 5,330	03/14/65						
8 Remarks and Authentication															
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS <i>WKS</i> AUDITED BY <i>WKS</i> I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>[Signature]</i> DATE 15 Feb. 1964 PAY CHANGE NOTIFICATION															

Form 560
9-61Obsolete Previous
Edition

(4-51)

DLB: 5 FEB 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)															
036130		FLORES DANIEL															
3. NATURE OF PERSONNEL ACTION										4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
PAY ADJUSTMENT TO PART TIME FROM FULL TIME										MO. DA. YR.		PART TIME					
6. FUNDS										7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
X V TO V										5235 1162 0000		50 USC 403 J					
CF TO V										CF TO CF							
9. ORGANIZATIONAL DESIGNATIONS										10. LOCATION OF OFFICIAL STATION							
DDP/SAS COUNTER-INTELLIGENCE STAFF OPERATIONS SECTION										WASH., D. C.							
11. POSITION TITLE										12. POSITION NUMBER		13. SERVICE DESIGNATION					
INTELLIGENCE ASST										1130		D					
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP		17. SALARY OR RATE							
GS				0301.28				05 2		5165							
18. REMARKS																	
SUBJECT TO WORK ON REGULARLY SCHEDULED TOUR NOT TO EXCEED 19 HOURS PER WEEK. SUBJECT WILL BE WORKING MONDAY THROUGH FRIDAY, FROM 1400 TO 1700.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. HOURS CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
28		28		49150 SAS		75013				1		MO DA YR		MO DA YR		MO DA YR	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150		SAS		75013		1		03 16 64		03 16 64		03 16 64	
28		28		49150													

1126

Use Previous
Edition

SECRET

[illegible]

1876-77

DLB: 9 FEB 65

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

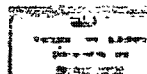
1. SERIAL NUMBER 036130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL	
3. NATURE OF PERSONNEL ACTION PAY ADJUSTMENT TO PART TIME FROM FULL TIME (CORRECTION)		4. EFFECTIVE DATE MO DA YR 02 08 65	5. CATEGORY OF EMPLOYMENT PART TIME
6. FUNDS X V TO V CF TO V	V TO CF CF TO CF	7. COST CENTER NO. CHARGEABLE 5235 1162 0000	8. CLK OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/SAS COUNTER-INTELLIGENCE STAFF OPERATIONS SECTION		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE INTELLIGENCE ASST		12. POSITION NUMBER 1130	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0301.28	16. GRADE AND STEP 05 2	17. SALARY OR RATE 5165
18. REMARKS THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 02/08/65 AS FOLLOWS: ITEM #19, ACTION CODE, WHICH READ 28, TO READ 31. ITEM #20, EMPLOYEE CODE, WHICH READ 36, TO READ 20.			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 31	20. EMPLOY CODE 20	21. OFFICE CODES NUMERICAL ALPHABETIC 49150 SAS	22. STATION CODE 75013
23. INTEGREE CODE	24. EMPLOY CODE	25. DATE OF BIRTH MO DA YR 03 16 64	26. DATE OF GRADE MO DA YR 03 16 64
27. DATE OF LET MO DA YR 03 16 64	28. NTE EXPIRES MO DA YR	29. SPECIAL DEFERENCES	30. RETIREMENT DATA 1. YES 2. NO
31. SEPARATION DATA CODE	32. CORRECTION, CANCELLATION DATA TYPE MO DA YR	33. SECURITY RTO NO	34. SECURITY RTO NO
35. VET PREFERENCE	36. SALT COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY
39. PREGAT/HEALTH INSURANCE	40. SOCIAL SECURITY NO	41. PREVIOUS GOVERNMENT SERVICE DA-8 000 a. NO PREVIOUS SERVICE b. NO GRASS IN SERVICE c. GRASS IN SERVICE LESS THAN 1 YEAR d. GRASS IN SERVICE MORE THAN 1 YEAR	42. LEAVE (01) CODE a. 100 b. 100 c. 100
43. PREVIOUS GOV DATA	44. STATE 100 DATA	SIGNATURE OR OTHER AUTHENTICATION	

FOSTED

100 1100

Use Previous Edition

SECRET


 100 1100
 Use Previous Edition

SALARY CONVERTED TO RATE SHOWN FOR INDIVIDUAL'S GRADE AND STEP AS INDICATED IN CHART BELOW.

[illegible]

MHC: 6 AUG 64

SECRET
(When Filled In)

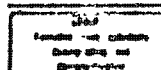
NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)							
036130		FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT				08 06 64		REGULAR			
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY					
X		5235 1162 0000		50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS				10. LOCATION OF OFFICIAL STATION					
DDP/SAS COUNTER-INTELL STAFF OPERATIONS SECTION				WASH., D.C.					
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
INTELLIGENCE ASST				1130		D			
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE			
GS		0301.28		05 2		4850			
18. REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTELLIGENCE CODE	24. MONTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LES
37	10	NUMERICAL ALPHABETIC 49150 SAS		75013		1			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION, CANCELLATION DATA	
								EOD DATA	
33. DEF. PREFERENCE		34. SERV COMP DATE		35. LONG COMP DATE		36. CAREER CATEGORY		37. PESTL / HEALTH INSURANCE	
38. PREVIOUS GOVERNMENT SERVICE DATA				39. LEAVE CAT CODE		40. FEDERAL TAX DATA		41. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION									

FORM 1150

Use Previous Edition

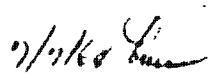
SECRET

6 AUG 1964



(When Filled In)

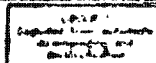
SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
ADPD 07/01/64									
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)							
036130		FLCRBS DANIEL							
3 NATURE OF PERSONNEL ACTION					4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT		
REASSIGNMENT					06 19 64				
6 FUNDS		V TO V		V TO (I)		7 COST (ENTER NO CHARGEABLE)		8 (V) OR OTHER LEGAL AUTHORITY	
		CF TO V		CF TO (I)		4232 1000 1000			
9 ORGANIZATIONAL DESIGNATIONS					10 LOCATION OF OFFICIAL STATION				
DDP/SAS INTELL ST OPS SUP SEC					WASH., D. C.				
11 POSITION TITLE					12 POSITION NUMBER		13 EARLIER SERVICE DESIGNATION		
TRANSLATOR					0922		D		
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE		
08			1049.01		09				
18 REMARKS									
SIGNATURE OR OTHER AUTHENTICATION									
<div style="text-align: right;">  </div>									

Form 11-50
1-63 (MIL 1-63)

Use Previous
Editions

SECRET



(When Filled In)

1. Serial No	2. Name	3. Cost Center Number	4. LWOP Hours
036130	FLORES DANIEL	49 J50	38F V
5. OLD SALARY RATE		6. NEW SALARY RATE	
Grade	Step	Salary	Effective Date
GS 04	2	\$ 4,355	03/17/63
GS 04	4	\$ 4,495	03/17/64
7. TYPE ACTION			
PSI	ISI	ADI	
8. Remarks and Authentication			
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: [Signature] DATE: 31 Jan 1964 PAY CHANGE NOTIFICATION			

Form 961 560

Obsolete Previous Edition

(431)

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LET		
22	10	NUMERIC 49350	ALPHABETIC SAS	75013		1	MO DA YR	MO DA YR	MO DA YR		
28. WTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO	
MO DA YR		1. CSC 2. PICA 3. NONE		CODE		TYPE		MO DA YR		34. SER	
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. PEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO	
CODE		MO DA YR		MO DA YR		CODE		CODE		CODE	
1. NONE 2. 10 PT		MO DA YR		MO DA YR		CODE		CODE		CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA			44. STATE TAX DATA		
CODE				CODE		CODE			CODE		
1. NO PREVIOUS SERVICE 2. BREAK IN SERVICE LESS THAN 3 YRS 3. BREAK IN SERVICE MORE THAN 3 YRS				1. YES 2. NO		1. YES 2. NO			1. YES 2. NO		
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 03/12/64 ZK </div>											

FORM 1150 11 62

Use Previous Edition

SECRET

Label
Excluded from automatic
downgrading and
declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DOD
MEMORANDUM DATED 1 AUGUST 1986, SALARY IS ADJUSTED AS FOLLOWS,
EFFECTIVE 3 JANUARY 1984.

NAME	SERIAL	ORGAN FUNDS	GR-ST	OLD SALARY	NEW SALARY
FLORES DANIEL	036130	49 350	V GS 04 2	\$ 4,250	\$ 4,395

SECRET
(When Filled In)

RZP: 3 MAY 83

NOTIFICATION OF PERSONNEL ACTION									
1 SERIAL NUMBER		2 NAME (LAST-FIRST MIDDLE)							
036130		FLORES DANIEL							
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT			
REASSIGNMENT				05 09 83		REGULAR			
6 FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY		9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
X		3232 1000 1000		50 USC 403 J		DDP/SPECIAL AFFAIRS STAFF RESEARCH BRANCH REPORTS, RECORDS, TRANSLATION SEC		WASH., D.C.	
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION			
TRANSLATOR				0702		D			
14 CLASSIFICATION SCHEDULE (GS, LB, etc.)		15. OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE			
GS		0031.01		04 2		4250			
18 REMARKS									
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19 ACTION CODE		20 OFFICE CODING		21 STATION CODE		22 INTEGRITY CODE		23 DATE OF BIRTH	
37 10		31350 SAS		75013					
24 DATE EXPIRES		25 SPECIAL REFERENCE		26 RETIREMENT DATA		27 SEPARATION DATA CODE		28 CORRECTION/CANCELLATION DATA	
								EOD DATA	
29 NET PREFERENCE		30 SERV. COMP. DATE		31 LONG. COMP. DATE		32 CAREER CATEGORY		33 FEELT / HEALTH INSURANCE	
34 PREVIOUS GOVERNMENT SERVICE DATA		35 LEAVE CAT		36 FEDERAL TAX DATA		37 STATE TAX DATA		38 SOCIAL SECURITY NO	
SIGNATURE OR OTHER AUTHENTICATION									
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED 12 May 1983 J.D. </div>									

SECRET

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION									
1. SERIAL NUMBER 036130		2. NAME (LAST FIRST MIDDLE) FLORES DANIEL							
3. NATURE OF PERSONNEL ACTION REASSIGNMENT					4. EFFECTIVE DATE MO DAY YR 07 21 63		5. CATEGORY OF EMPLOYMENT		
6. FUNDS		<input checked="" type="checkbox"/> X	V TO V		V TO CF	7. COST CENTER NO. CHARGEABLE 4232 1000 1000		8. CSC OR OTHER LEGAL AUTHORITY	
			CF TO V		CF TO CF				
9. ORGANIZATIONAL DESIGNATIONS DDP/SAS					10. LOCATION OF OFFICIAL STATION WASH., D.C.				
11. POSITION TITLE TRANSLATOR					12. POSITION NUMBER 0702		13. CAREER SERVICE DESIGNATION D		
14. CLASSIFICATION SCHEDULE (GS 18, etc.) GS			15. OCCUPATIONAL SERIES 1045:01		16. GRADE AND STEP 04		17. SALARY OR RATE		
18. REMARKS									
<div align="right"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> POSTED </div> SIGNATURE OR OTHER AUTHENTICATION <i>10/14/63 JUK</i> </div>									

Form 1-63 1150P

Use Previous Edition

SECRET
2 1963

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

(4-51)

2261200

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours				
036130		FLORES DANIEL		39 400 V 9						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Last EM Date	Grade	Step	Salary	Effective Date	PSI	LSI	ADJ.
GS 04	1	\$ 4,110	03/11/62	GS 04	2	\$ 4,250	03/17/63			
B. Remarks and Authentication / / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS AUDITED BY I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: <i>[Signature]</i> DATE 7 Feb, 1963 PAY CHANGE NOTIFICATION <i>[Signature]</i>										

Form 560

Obsolete Previous Edition

(431)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 47-792 AND
 DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS.
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GRST SALARY	OLD GRST SALARY	NEW GRST SALARY	NEW GRST SALARY
FLORES DANIEL	036130	39400	V	04 1 \$ 4040	04 1 \$ 4110		

BWS: 13 MARCH 62

SECRET
(When Filled In)

OAF												NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER				2. NAME (LAST FIRST MIDDLE)																			
036130				FLORES DANIEL																			
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT														
EXCEPTED APPOINTMENT (CAREER PROVISIONAL)						MO DA YR 03 11 62			REGULAR														
6. FUNDS		X		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY													
				CF TO V		CF TO CF		2226 1200 1000		50 USC 403 J													
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION																	
DDP OPSER R I DIV REFERENCE BRANCH INDEX SECTION - NICHT SHIFT						WASH., D. C.																	
11. POSITION TITLE						12. POSITION NUMBER			13. CAREER SERVICE DESIGNATION														
FILE CLERK						0147			D														
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)				15. OCCUPATIONAL SERIES				16. GRADE AND STEP		17. SALARY OR RATE													
GS				0305.01				04 1		4040													
18. REMARKS																							
SUBJECT TO THE SATISFACTORY COMPLETION OF A TRIAL PERIOD OF ONE YEAR. SUBJECT TO THE SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION.																							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																							
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MGRS. CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI							
11		10		NUMERIC ALPHABETIC 39400 RI		75013				1		MO DA YR 03 11 62		MO DA YR 03 11 62									
28. NTE EXPIRES				29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REG. NO.		34. SEX									
MO DA YR						1. CSC 2. PFA 3. NONE		CODE		TYPE MO DA YR		EOD DATA 07100		MI									
35. VET PREFERENCE				36. SERV. COMP. DATE				37. LONG. COMP. DATE				38. MIL. SERV. CREDIT/LEO				39. PEGIT / HEALTH INSURANCE				40. SOCIAL SECURITY NO.			
CODE 0. NONE 1. 5 PT 2. 10 PT				MO DA YR 03 11 58 03				MO DA YR 11 62				CODE 1. YES 2. NO P				CODE 0. WAIVER 1. YES				HEALTH INS. CODE 460486230			
41. PREVIOUS GOVERNMENT SERVICE DATA								42. LEAVE CAT. CODE				43. FEDERAL TAX DATA				44. STATE TAX DATA							
CODE 0. NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 12 MOS) 3. BREAK IN SERVICE (MORE THAN 12 MOS)								CODE 6				CODE 1. YES 2. NO 1				CODE 1. YES 2. NO 0				CODE 1. YES 2. NO 1 0 08			
SIGNATURE OR OTHER AUTHENTICATION																							

CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

1. EMPLOYEE NUMBER	2. NAME (Last, first, middle)	3. DATE OF BIRTH	4. SEX	5. GRADE	6. SSN
	Flores, Daniel		M	GS13	DQG
7. OFFICIAL POSITION TITLE	8. DIVISION OF ASSIGNMENT	9. REPORTING PERIOD	10. CODE FOR 11	11. NOS	12. OF
Ops. Officer	DDO/LA				
11. TYPE OF APPOINTMENT			12. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> OTHER	13. REPORTING PERIOD (FROM-TO)		
			14. DATE REPORT DUE IN U.P.		
			10Oct78 - 30Sep79		

SECTION B

QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C

PERFORMANCE EVALUATION

<u>U-Unsatisfactory</u>	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
<u>M-Marginal</u>	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
<u>P-Proficient</u>	Performance is satisfactory. Desired results are being produced in the manner expected.
<u>S-Strong</u>	Performance is characterized by exceptional proficiency.
<u>O-Outstanding</u>	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1	RATING LETTER
SEE ATTACHED TELEPOUCH 51744 (in 3383966) dtd 13 Nov 79.	
SPECIFIC DUTY NO. 2	RATING LETTER
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, personal personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER

FORM 43

CLASSIFICATION

10-100000-100-01

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet.

NOV 15 3 01 AM '79
MAIL ROOM

SEE ATTACHED.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

13 Nov 79

OFFICIAL TITLE OF SUPERVISOR

DCOS

TYPED OR PRINTED NAME AND SIGNATURE

Robert Berg./S/

2. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

13 Nov 79

SIGNATURE OF EMPLOYEE

Daniel Flores /S/

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

SEE ATTACHED.

DATE

13 Nov 79

OFFICIAL TITLE OF REVIEWING OFFICIAL

COS

TYPED OR PRINTED NAME AND SIGNATURE

/S/

4. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE REVIEWER'S EVALUATION OF MY PERFORMANCE.

DATE

13 Nov 79

SIGNATURE OF EMPLOYEE

Daniel Flores /S/

CLASSIFICATION

/20/ *EYES ONLY*

CONFIDENTIAL

FRP:

EYES ONLY

DEFERRED TELEPOUCH

ACTION: C/LA-5 (653) INFO: RF, FILE, (7/W)

79 3383966

PAGE 001

3383966

TOR: 132307Z NOV 79

CONFIDENTIAL 132241Z NOV 79 DEFERRED TELEPOUCH

CITE [REDACTED]

TO: WASHINGTON.

FOR: C/LA/PERS

SUBJECT: ADMIN/RYPAT/PERS/FR FOR [REDACTED]

Daniel Flores

1. GIVEN BELOW IS THE FITNESS REPORT FOR [REDACTED] FOR THE PERIOD 1 OCT 78 TO 30 SEP 79. RATINGS ON SPECIFIC DUTIES AND NARRATIVE COMMENTS WERE PREPARED BY HAROLD N. CHALDEZ, DCOS. REVIEWING COMMENTS WERE PREPARED BY RONALD F. BRIERLEY, COS. THE REPORT HAS BEEN REVIEWED AND CERTIFIED BY SUBJECT. SIGNED COPY OF FORM 45A BEING POUCHED.

2. THE FOLLOWING INFO IS KEYED TO FORM 45N, SECTION A:
1. 03h130; 4. M; 5. GS-13; 6. DOG; 9. [REDACTED] 10. CAREER;
11. ANNUAL; 12. 1 OCT 78 TO 30 SEP 79.

3. SECTION B. PERFORMANCE EVALUATION - SPECIFIC DUTIES:
1. DIRECTS THE ACTIVITIES OF AN [REDACTED] MAN CI [REDACTED] TEAM RESPONSIBLE TO THE STATION. RATING LETTER - S.

2. RESPONSIBLE FOR TARGETTING CI OPERATIONS AGAINST [REDACTED] AND [REDACTED] IN [REDACTED]. RATING LETTER - S.

3. CASE OFFICER FOR AGENTS AND OPERATIONS DIRECTED AGAINST THE [REDACTED] TARGET. RATING LETTER - S.

4. SUPPORTS STATION OPERATIONS AND ACTIVITIES DIRECTED AGAINST THE [REDACTED] AND OTHER TARGETS.

5. CASE OFFICER FOR [REDACTED]. RATING LETTER - S.

OVERALL RATING - STRONG.

0-632 [REDACTED] C O N F I D E N T I A L

CONFIDENTIAL

CONFIDENTIAL

DEFERRED TELEPOUCH

79 3381966

PAGE 002
TOR: 132307Z NOV 79

3383966

4. SECTION C - NARRATIVE COMMENTS.

SHORTLY BEFORE THE DEPARTURE OF THE FORMER COS, HE SUBMITTED A SPECIAL MEMORANDUM ON SUBJECT'S PERFORMANCE () WHICH CONCENTRATED MOSTLY ON SUBJECT'S RESPONSIBILITIES IN THE CI FIELD. A COPY OF THIS MEMORANDUM IS AVAILABLE IN SUBJECT'S PERSONNEL FILE. THE UNDERSIGNED FULLY ENDORSES THE LAUDATORY COMMENTS IN THAT MEMORANDUM, BUT SINCE SUBJECT HAS TAKEN ON BROADER RESPONSIBILITIES, IT IS NECESSARY TO COMMENT ON OTHER ASPECTS OF HIS WORK.

FOR THE PAST MONTHS, SUBJECT HAS BEEN DIVIDING HIS TIME ABOUT EQUALLY BETWEEN HIS CI RESPONSIBILITIES AND OTHER STATION OBJECTIVES, PRINCIPALLY THE () TARGET. SUBJECT WAS GIVEN THESE ADDITIONAL DUTIES BECAUSE THE CI OPERATIONS GROUP IS WELL ORGANIZED AND REQUIRES LESS DIRECT C/O INPUT, AND ALSO BECAUSE OF THE NEED TO DEDICATE ALL AVAILABLE RESOURCES AGAINST THE () TARGET. THIS STATION IS () OF () WITHIN THE DIRECTORATE WHICH HAVE BEEN SELECTED FOR A CONCENTRATED EFFORT AGAINST () AND THIS TARGET NOW RANKS NUMBER ONE AMONG THE STATION'S MANY PRIORITY OBJECTIVES. SUBJECT'S PAST EXPERIENCE IN () OPERATIONS, HIS ABILITY TO () AS A () IN THIS COUNTRY, AND HIS OTHER STRENGTHS, WERE THE INGREDIENTS WHICH THE STATION NEEDED TO EXPLOIT IN THIS EFFORT.

SUBJECT HAS TAKEN OVER THE PRINCIPAL STATION OPERATION DIRECTED AGAINST (). THIS WAS A FAIRLY NEW OPERATION AT THE TIME IT WAS ASSIGNED TO SUBJECT AND IT WILL MATURE UNDER HIS DIRECTION. FOR REASONS OF SENSITIVITY, A MORE DETAILED REVIEW OF SUBJECT'S WORK ON THIS OPERATION CANNOT BE PROVIDED, BUT THE RECORD SHOULD NOTE THAT DURING THE PAST THREE MONTHS, HE HAS HANDLED THIS OPERATION IN A THOROUGHLY PROFESSIONAL MANNER WITH STEADY PROGRESS BEING MADE TO FULLY EXPLOIT THE OPERATIONAL AND REPORTING POTENTIAL. ALSO DURING THIS REPORTING PERIOD, SUBJECT RENEWED CONTACT THROUGH HIS OWN EFFORTS WITH A FORMER REPORTING ASSET WHO HAD DRIFTED AWAY FROM COLLABORATION WITH THE ORGANIZATION. SUBJECT IS NOW ATTEMPTING TO BREATHE NEW LIFE INTO THIS OPERATION AND BRING IT BACK UNDER CONTROL.

SUBJECT ALSO COOPERATED WITH ANOTHER GOVERNMENT AGENCY IN ATTEMPTING TO RE-ESTABLISH CONTACT WITH A ()

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[REDACTED] DURING THE TARGET'S VISIT TO THE [REDACTED] AREA. SUBJECT WAS IN CHARGE OF COORDINATING THIS OPERATION WITH [REDACTED] AND WITH THE OTHER AGENCY. THE OPERATION WAS SUCCESSFUL FROM THE POINT OF VIEW OF ARRANGING A MEETING WITH THE TARGET, BUT SINCE THE TARGET'S RETURN TO THE [REDACTED] HE HAS REFUSED EFFORTS BY SUBJECT TO CONTINUE CONTACT.

ANOTHER EFFORT AGAINST THE [REDACTED] TARGET UNDER SUBJECT'S RESPONSIBILITY INVOLVES THE RESOURCES OF THE SPECIAL CI OPERATIONS GROUP. FOR SOME MONTHS NOW, THIS GROUP HAS BEEN TRYING TO MOUNT A [REDACTED] AND PROSPECTS REMAIN ENCOURAGING THAT THIS EFFORT WILL SOON BE OPERATIONAL. THIS IS A FAIRLY COMPLEX UNDERTAKING WHICH REQUIRES PATIENCE AND AN ELEMENT OF GOOD LUCK IN ORDER TO BE SUCCESSFUL. SUBJECT DESERVES CONSIDERABLE CREDIT FOR THE PROGRESS MADE THUS FAR AND IF EVERYTHING GOES ACCORDING TO PLAN, THIS OPERATION SHOULD BE PRODUCING WITHIN A SHORT PERIOD OF TIME.

APART FROM HIS WORK AGAINST THE [REDACTED] TARGET, SUBJECT WAS SUCCESSFUL IN [REDACTED] AND LATER WAS ABLE TO [REDACTED] WITH THE [REDACTED] HIMSELF. FOLLOWING UP ON A LEAD FROM ANOTHER SOURCE THAT A [REDACTED] WITH A [REDACTED] SUBJECT USED HIS NATIVE LANGUAGE AND [REDACTED] AND [REDACTED] UNDER THE GUISE OF BEING A [REDACTED] WHO WANTED TO MONITOR THE [REDACTED] ASSESSMENT INFORMATION OBTAINED FROM THE [REDACTED] GREATLY FACILITATED THE ABILITY OF SUBJECT TO [REDACTED] ONCE CONTACT WAS MADE. SUBJECT WAS ABLE TO DISCERN THAT THE TARGET WAS POTENTIALLY VULNERABLE ON [REDACTED] BUT TIME DID NOT PERMIT THIS VULNERABILITY FROM BEING EXPLOITED BEFORE THE TARGET COMPLETED HIS TOUR AND DEPARTED THE COUNTRY. STATION REGRETS THAT A LEAD TO THIS TARGET WAS NOT IDENTIFIED EARLIER, BUT THIS DOES NOT DETRACT FROM THE PROFESSIONAL MANNER IN WHICH SUBJECT EXPLOITED EVERY OPPORTUNITY TO PUSH THIS CASE FORWARD AGAINST AN UNREALISTIC DEADLINE.

THIS REPORTING PERIOD HAS AGAIN BEEN ONE OF CONSIDERABLE ACTIVITY ON THE PART OF SUBJECT IN WHICH HE HAS DEMONSTRATED HIS TALENT FOR OPERATIONS AND PARTICULARLY HIS ABILITY TO

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DEVELOP AND HANDLE AGENTS. HE HAS DISPLAYED VERSATILITY AND FLEXIBILITY IN PURSUING HIS TARGETS AND IS EVER ALERT FOR VULNERABILITIES WHICH CAN BE EXPLOITED. HE USES GOOD JUDGMENT IN HANDLING HIS CASES AND HIS TRADecraft PROCEDURES DURING THIS PERIOD HAVE BEEN SOUND. IT SHOULD ALSO BE NOTED THAT THE PARTICULAR CASES WHICH HE IS INVOLVED ARE NOT EASY ONES. THEY REQUIRE HARD WORK, AND THE FULL RANGE OF CASE OFFICER EXPERIENCE IN ORDER TO PUSH THEM FORWARD. HIS RESPONSIBILITIES IN THE CI FIELD ARE EQUALLY DEMANDING. SUBJECT HAS MADE A VERY POSITIVE CONTRIBUTION TO THE WORK OF THIS STATION DURING THIS REPORTING PERIOD AND WELL DESERVES A RATING OF STRONG FOR HIS VARIOUS DUTIES AND A STRONG FOR HIS OVERALL PERFORMANCE.

5. COMMENTS BY REVIEWING OFFICER.

I CONCUR WITH THIS EVALUATION AND BELIEVE IT IS MOST COMPREHENSIVE AND OBJECTIVE. HAVING WORKED WITH SUBJECT DURING AN EARLIER PERIOD OF HIS CAREER WHEN HE WAS THEN A GOOD OFFICER (1970-72), I AM STRUCK BY THE REMARKABLE PROGRESS HE HAS MADE IN THREE KEY AREAS: OPERATIONAL THINKING AND ANALYSIS, WRITING, AND SOUND, PROFESSIONAL APPLICATION OF BASIC OPERATIONAL PRINCIPLES.

I AM DELIGHTED THIS HIGHLY CAPABLE, AGGRESSIVE OFFICER WILL BE REMAINING A THIRD YEAR AT THIS STATION AND LOOK FORWARD TO A MAJOR CONTRIBUTION FROM HIM IN MOST OPERATIONAL AREAS OF PRESENT PRIORITY CONCERN. RVN 13 NOV 99 DRV D9C.3.

END OF MESSAGE

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FITNESS REPORT				NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.			
SECTION A GENERAL INFORMATION							
1. EMPLOYEE NUMBER		2. NAME (last, first, middle)		3. DATE OF BIRTH		4. SEX	5. GRADE
036130		Flores, Daniel				M	GS-13 DQG
7. OFFICIAL POSITION TITLE				8. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION	
Ops Officer				DDO/LA/COG		Hqs	
10. TYPE OF APPOINTMENT				11. TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> CAREER PROVISIONAL	<input type="checkbox"/> RESERVE	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 21-MONTH	<input type="checkbox"/> 30-MONTH	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> TEMPORARY	12. REPORTING PERIOD (From-to)		13. DATE REPORT DUE IN O.P.		
			1 Dec 76 - 30 Sep 77		31 October 77		
SECTION B PERFORMANCE EVALUATION							
<p>U—Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M—Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P—Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S—Strong Performance is characterized by exceptional proficiency.</p> <p>O—Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Supervise the LA/COG/ and section which includes operations officers, intelligence analyst, and a secretary.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
As section chief, provide operational guidance and support to the field stations' efforts to develop and recruit Cubans in that area.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Assume direct case officer responsibility for sensitive reporting sources, including TDY travel for debriefing purposes when the assets are available; developing leads for potential recruitment efforts against new targets.						S	
SPECIFIC DUTY NO. 4						RATING LETTER	
Coordinate with other area division desks and components to provide maximum support to Cuban operational activities in their respective field stations.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						S	

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SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position, keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for future action. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Flores came to the Cuba Operations Group from a brief assignment to the Office of Training. Prior to the OTR interim, Mr. Flores had been a COG case officer and was therefore familiar with its operational techniques. During this ten-month period under review, Mr. Flores served as a section chief with responsibilities for [] stations with a [] target [] and [] and []. Mr. Flores was the only GS-13 officer to hold section chief responsibility, yet his performance compared favorably with that of the GS-14 section chiefs. As a section chief, Mr. Flores was supervisor for [] operations officers, [] intelligence analyst and a secretary. He was responsible for ensuring the prompt handling of correspondence to and from the field stations, and providing operational guidance and direction on matters pertaining to Cuban operations. His section was managed in a competent manner with Mr. Flores demonstrating his ability to delegate functional responsibilities.

The Cuba Operations Group also functions in a direct case officer capacity, and Mr. Flores frequently traveled TDY to handle cases. He was the operations officer for one particularly sensitive and productive [] reporting case. This required him to travel on short notice and to arrange for secure meeting and debriefing sessions of this reporting source.

Mr. Flores also traveled to [] on various occasions to meet with [] contacts and participate in developmental operations. One particular recruitment attempt required Mr. Flores to [] the

--CONTINUED--

SECTION D

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Rating: [] / []

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPE

DC/LA/COG

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Subject likes to operate. He is very practical, experienced, and realistic. He is, however, a little quiet and tends to accept things the way they are. While I have no doubt as to his skills, he may need a bit more management experience to learn how to make things move despite obstacles. He has done a fine job running the [] and [] section of Cuba Operations Group.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/LA/COG

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

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FITNESS REPORT

Daniel Flores

NARRATIVE COMMENTS

cont.

[redacted] and to devise a secure and timely method of approach to the individual Cuban.

In comparing Mr. Flores' performance as an operations officer and as a supervisor, I believe his performance is somewhat stronger in the former capacity. Mr. Flores has all the attributes of an excellent case officer: he is aggressive, thinks operationally, and is fast on his feet in an operational situation. He is further aided by his fluency in Spanish and has on more than one occasion successfully [redacted] During his TDY travels, he has repeatedly demonstrated dedication to the job at hand, willingness to work long hours, and a flexibility to handle all types of situations.

Mr. Flores is less enthusiastic when it comes to the paperwork and bureaucratic requirements of his position. While he is a good writer, he tends to handle his written tasks in a hurried manner and consequently, his work oftentimes requires review. He is also inclined to take the shorter and easier approach when handling the paper flow requirements. I mention these points not because they represent basic shortcomings, but simply to contrast them to his exceptionally high performance in his operations officer capacity.

In sum, Mr. Flores is an extremely experienced, competent and well motivated operations officer. His talent as a "street operator" with a keen sense for the human target has been amply demonstrated. He has now quite successfully been introduced to his first supervisory position and proven that he is competent for assignments of this nature. I believe Mr. Flores is capable of handling positions of increasing responsibility and should be given the opportunity to do so.

* * *

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SECRET
CLASSIFICATION

FITNESS REPORT

SECTION A						GENERAL INFORMATION			
1. EMPLOYEE NUMBER 036130	2. NAME (Last, first, middle) FLORES, Daniel			3. DATE OF BIRTH <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>	4. SEX M	5. GRADE 12	6. GD <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		
7. OFFICIAL POSITION TITLE Instructor Ops				8. OFF/DIV/BR OF ASSIGNMENT DPA/OTR/LTD		9. CURRENT STATION Hqs.		10. CODE (if any) <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> HQS <input type="checkbox"/> DP </div>	
11. TYPE OF APPOINTMENT <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER (Spec.) </div>					12. TYPE OF REPORT <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> TEMPORARY <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT <input type="checkbox"/> SPECIAL </div>				
13. REPORTING PERIOD (7001-50-) 22 June - 19 November 1976					14. DATE REPORT DUE IN O.P. 1/1				

SECTION B		QUALIFICATIONS UPDATE
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD 'YES' IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD 'NO' IN THE BOX AT RIGHT.		
SECTION C	PERFORMANCE EVALUATION	
U—Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.	
M—Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.	
P—Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.	
S—Strong	Performance is characterized by exceptional proficiency.	
O—Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.	

SPECIFIC DUTIES	
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).	
SPECIFIC DUTY NO. 1 Conducts tutorial training in clandestine operational trade-craft skills for as well as U.S. staff and contract personnel.	RATING LETTER S
SPECIFIC DUTY NO. 2 In collaboration with sponsoring Agency components prepares detailed training programs and schedules for the conduct of tailored tutorial and small-group training.	RATING LETTER S
SPECIFIC DUTY NO. 3 Evaluate trainee performance in each program and prepare final training reports, and as appropriate draft follow-up questionnaires for field evaluation of training effectiveness.	RATING LETTER S
SPECIFIC DUTY NO. 4 Participate in live problems and exercises as and as required and contribute to improvement in training materials and techniques.	RATING LETTER S
SPECIFIC DUTY NO. 5 	RATING LETTER
SPECIFIC DUTY NO. 6 	RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position and his performance of specific duties. Productivity, conduct on job, cooperativeness, personal presentation, etc., are factors, and previous performance is relevant. Base on the summation of employee's overall performance during the rating period. Enter the letter in the rating box corresponding to the description which most closely reflects his type of performance.	
<div style="display: flex; justify-content: space-between;"> 43 SECRET 13 SEP 77 11 01 </div>	

S E C R E T
CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated, significant position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain when it provides best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

Mr. Flores joined the [redacted] Unit in mid-June 1976 and after a week's familiarization with training materials, aids and office routine of the Unit, he attended a two-week Instructor Training Workshop at the [redacted]. On completion of the Workshop, Subject returned to the Unit for further familiarization with the routine of the Unit, assisted in several [redacted] problems, and monitored a two-week training program which included active participation as a trainee himself in the SAI (or persuasion skills) portion of the program. Subsequently Mr. Flores assisted as a [redacted] in a brief but significant program involving the training of a [redacted] assisting the Agency in [redacted]. Mr. Flores then assisted another instructor in devising and conducting the first program this Unit has undertaken designed to teach [redacted] to Staff Employees who are deemed likely to be [redacted] of [redacted] and [redacted]. Mr. Flores then planned for, and from 12 October through 19 November conducted a tutorial training program in clandestine operations tech-

(continued)

SECTION E

CERTIFICATION AND COMMENTS

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION		1. BY SUPERVISOR	
4 Months		IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 January 1977	Chief, ALT Unit	Walter R. Cox	
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE		2. BY EMPLOYEE	
DATE		SIGNATURE OF EMPLOYEE	
26 Jan 77		[Signature]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I concur in the ratings on specific duties and on the overall rating of STRONG for Mr. Flores. Although he was assigned to this Unit for a short period of time, he was proving to be a well qualified operations instructor. His home Division requested his return in order to give him a responsible position for which he was well qualified, and he should do well on that assignment.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL		
19/1/77	CHIEF, CERTIFIED		
I HAVE BEEN SHOWN THIS REPORT AND HAVE BEEN ADVISED OF THE CONTENTS OF THIS REPORT		SIGNATURE OF EMPLOYEE	
		[Signature]	

14-00000

S E C R E T

Continuation of Section D of Fitness Report on Daniel Flores,
GS-12, for period 22 June - 19 November 1976 -----

niques for a [] who is scheduled to serve as an []
[] in the []

The first independent training task given to Mr. Flores was of a [] serving as an access agent, but this task was cancelled at the last minute when the concerned Base discovered grounds for field termination of the agent rather than providing tutorial training for the agent in the U.S. Mr. Flores was justifiably irritated at this turn of events which denied him what held promise for being a challenging initial training program.

It was with regret that we learned, early into what turned out to be Mr. Flores' only independent training program, that a priority requirement of his home-base Division would necessitate his return to Division duty soonest. The Division agreed to our request that Mr. Flores conclude the training program he had tailored, and begun, and Mr. Flores is to be commended for having done an exceptionally fine job in this assignment. The completion-of-training report was also well organized, and the questionnaire which asks for an evaluative follow-up from the trainee's field Station is to the point.

Early in his assignment Mr. Flores took over the maintenance and improvement of the Unit's operations training slides, consolidated them into an extremely functional package, and solicited ideas from other instructors to improve the package. Much to his credit and the Unit's benefit, Mr. Flores managed to persuade another Agency component to undertake--without charge--a major revamping of some of the slides using computer-designed art work to replace some of the less impressive early work in this field.

S E C R E T

CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

1. OFFICIAL POSITION TITLE Ops Officer		2. NAME (Last, First, Middle) Flores, Daniel		3. DATE OF BIRTH []	4. SEX M	5. GRADE GS13	6. NO. DOG
7. OFFICIAL POSITION TITLE Ops Officer		8. CURRENT STATION DDO/LA		9. TYPE OF REPORT INITIAL <input checked="" type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT <input type="checkbox"/> SPECIAL <input type="checkbox"/>			
10. TYPE OF APPOINTMENT CAREER <input checked="" type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		11. REPORTING PERIOD (From-To) 15 Feb - 30 Sept 78		12. DATE REPORT DUE IN O.P. []			

SECTION B

QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C

PERFORMANCE EVALUATION

U—Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
M—Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
P—Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.
S—Strong	Performance is characterized by exceptional proficiency.
O—Outstanding	Performance is to exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 SEE ATTACHED [] (IN 1584998) dtd 18 Nov 78	RATING LETTER
SPECIFIC DUTY NO. 2	RATING LETTER
SPECIFIC DUTY NO. 3	RATING LETTER
SPECIFIC DUTY NO. 4	RATING LETTER
SPECIFIC DUTY NO. 5	RATING LETTER
SPECIFIC DUTY NO. 6	RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, personal personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the statement which most closely reflects his level of performance.

RATING LETTER

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SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

324 10 50 78

SEE ATTACHED.

HAR ROOM

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

Rating Officer Profile:

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

18 Nov 78

DCOS

Robert Berg /S/

2. BY EMPLOYEE

I HAVE ☐ OR HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE SUPERVISOR'S EVALUATION OF MY PERFORMANCE.

DATE

SIGNATURE OF EMPLOYEE

18 Nov 78

Daniel Flores /S/

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

SEE ATTACHED.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

18 Nov 78

COS

Lawrence Sternfield /S/

4. BY EMPLOYEE

I CERTIFY I HAVE BEEN THE ENTIRE IN ALL SECTIONS OF THIS REPORT. I HAVE ☐ HAVE NOT ☒ ATTACHED A STATEMENT CONCERNING THE REVIEWING OFFICIAL'S EVALUATION OF MY PERFORMANCE.

DATE

SIGNATURE OF EMPLOYEE

18 Nov 78

Daniel Flores /S/

CLASSIFICATION

14-00000
NOVEMBER ONLY

CONFIDENTIAL

FRP:

EYES ONLY

DEFERRED TELEPOUCH

ACTION: C/LA-5 (593) INFO: WF, FILE, (7/A)

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CITE [REDACTED]

TO: WASHINGTON.

FOR: C/LA/PERS

SUBJECT: ADMIN/PYBAT/PERS/FITNESS REPORT FOR [REDACTED]

Pen

Dan Flores

1. GIVEN BELOW IS THE FITNESS REPORT ON SUBJECT FOR THE PERIOD 15 FEB - 30 SEPT 78. RATING ON SPECIFIC DUTIES AND NARRATIVE COMMENTS WERE PREPARED BY HAROLD O. CHAIDEZ, DCOS. REVIEWING COMMENTS WERE PREPARED BY JOEL N. NEBECKER, COS. SUBJECT WAS NOT SHOWN A COPY OF THIS REPORT AS HE DEPARTED STATION ON EMERGENCY LEAVE BEFORE THE REPORT COULD BE TYPED. A COPY WILL BE MADE AVAILABLE TO HIM IMMEDIATELY UPON HIS RETURN AND ANY STATEMENT BY THE EMPLOYEE WILL BE TELEPOUCHED TO HQS. A SIGNED COPY OF FORM 45A WILL BE POUCHED AT THAT TIME.

2. THE FOLLOWING INFO IS KEYED TO FORM 45A, SECTION A:
1. 036130; 4. M; 5. GS-13; 6. DUG; 9. [REDACTED]
10. CAREER; 11. ANNUAL; 12. 15 FEB-30 SEP 78.

3. SECTION B. PERFORMANCE EVALUTATION - SPECIFIC DUTIES:

1. DIRECTS THE ACTIVITIES OF AN [REDACTED] MAN CI [REDACTED] TEAM RESPONSIBLE TO THE STATION, AND WHICH INCLUDES COORDINATING ALL ACTION OPS INITIATED BY THE TEAM. RATING LETTER -- S.

2. RESPONSIBLE FOR TARGETTING CI OPERATIONS AGAINST [REDACTED] AND [REDACTED] IN [REDACTED] RATING LETTER -- S.

3. CASE OFFICER FOR [REDACTED] RATING LETTER -- S.

4. COORDINATES SENSITIVE CE OPERATIONS RUN BY OTHER NUBLAZON AGENCIES WITH [REDACTED] RATING

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4/
9/

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LETTER -- S.

5. CONDUCTS OTHER LIAISON RELATED CI ACTIVITY AND PREPARES NECESSARY MEMORANDA AND REPORTS. STAING LETTER -- S.

OVERALL PERFORMANCE -- S.

4. SECTION C - NARRATIVE COMMENTS

THIS IS THE INITIAL REPORT WRITTEN ON SUBJECT AND COVERS A PERIOD OF SEVEN AND ONE-HALF MONTHS SINCE HIS ARRIVAL IN [REDACTED] IN FEB 78. SUBJECT HAS BEEN IN THE ORGANIZATION FOR OVER 16 YEARS AND SERVED TWO O/S ASSIGNMENTS PRIOR TO [REDACTED]

HIS PRIMARY DUTY IS TO SUPERVISE THE OPERATIONS OF A CI UNIT COMPOSED OF PERSONNEL [REDACTED] BUT WHICH IS UNDER THE OPERATIONAL DIRECTION OF THE STATION. THIS PARTICULAR UNIT REPRESENTS THE NUCLEUS OF THE STATION'S CI OPERATIONAL CAPABILITY. IT IS ALSO A STRONG CONTRIBUTOR TO STATION'S EFFORTS DIRECTED AGAINST THE HARD TARGETS IN THE FI FIELD. SUBJECT PARTICIPATES IN ALL LEVELS OF ACTIVITY WITH THIS UNIT FROM THAT OF A MANAGER TO SERVING AS AN OPERATIONS OFFICER. THE LEADERSHIP AND EXAMPLE WHICH HE SETS HAVE BEEN AN ESSENTIAL INGREDIENT IN THE SUCCESS ENJOYED BY THE UNIT IN RECENT MONTHS. IN APRIL 1978, THE STATION UNDERTOOK AN [REDACTED] DIRECTED AT THE [REDACTED]

[REDACTED] OF A [REDACTED] SUBJECT PARTICIPATED IN THE RECRUITMENT OF A [REDACTED] WHO PROVIDED ACCESS TO THE TARGET INSTALLATION AND WAS SUBSEQUENTLY INVOLVED IN ALL ASPECTS OF THE OPERATION EXCEPT THE ACTUAL [REDACTED] OF THE [REDACTED] THIS SUCCESSFUL OPERATION WAS FOLLOWED BY ANOTHER ONE THE FOLLOWING MONTH, THIS TIME DIRECTED AT THE [REDACTED] OF A [REDACTED] TWO VALUABLE REPORTS WERE PRODUCED FROM THIS OPERATION ON THE POLICIES AND PLANS OF

A [REDACTED] IN JULY, SUBJECT SUPERVISED THE RECRUITMENT OF AN AGENT WHO HAS ESTABLISHED ACCESS TO A [REDACTED] A TECHNICAL OPERATION IS NOW UNDERWAY TO [REDACTED]

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IN SEPTEMBER, ANOTHER OPERATION BEGAN AGAINST THE [] OF THE SAME PRINCIPAL ADVERSARY MENTIONED ABOVE SINCE A [] HAD BEEN ACQUIRED. AGAIN, SUBJECT PARTICIPATED IN THE RECRUITMENT OF THE [] OF THE [] AND IN OTHER PHASES OF THE OPERATION WHICH CONTINUE AT THIS TIME.

IN ADDITION TO THESE SPECIFIC OPERATIONS, THE CI UNIT ALSO CARRIES OUT A HOST OF [] AND OTHER WORK AS REQUIRED IN THE CI FIELD. SINCE [] SERVES AS PROBABLY THE PRINCIPAL BASE FOR OPERATIONS BY THE [] AND THE [] THE UNITED STATES, SELECTIVE TASKING MUST BE UNDERTAKEN TO OBTAIN MAXIMUM EFFICIENCY FROM THIS SMALL UNIT.

SUBJECT ALSO HANDLES [] OF THE CI UNIT, AND IS ALSO RESPONSIBLE FOR PROVIDING SUPPORT THROUGH THIS UNIT TO OTHER CI ACTIVITIES DIRECTED AGAINST [] AND [] IN []

INDEED, THE FIRST PART OF HIS TOUR IN [] HAS BEEN A BUSY ONE. THE STATION FINDS HIM TO BE AN ENERGETIC, VERSATILE, AND HIGHLY QUALIFIED OFFICER. HE HAS HANDLED THE PERSONNEL AND OPERATIONAL PROBLEMS WHICH HAVE SURFACED WITH HIS CI UNIT WITH TACT AND EFFICIENCY, AND HIS RAPPORT WITH HIS [] IS VERY GOOD. DURING RECENT CONVERSATIONS, [] HAVE EXPRESSED THEIR HIGH REGARD FOR SUBJECT'S ABILITIES.

HIS ABILITY TO [] AS A [] IS AN ADDED FACTOR IN HIS FAVOR AND PROVIDES HIM WITH A GREATER DIMENSION FOR OPERATIONS. THE STATION HAS USED SUBJECT ON OCCASION FOR [] OPERATIONS, BUT THIS USE MUST BE SELECTIVE IN ORDER NOT TO ADVERSELY IMPINGE UPON HIS PRIMARY WORK WITH THE CI UNIT.

SUBJECT IS VERY COST CONSCIOUSNESS IN THE USE OF STATION FUNDS AND EXTRACTS A HEALTHY RETURN FOR PROJECT MONIES USED TO SUPPORT THE WORK OF THE CI UNIT.

SUBJECT WELL DESERVES A RATING OF STRONG FOR HIS

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VARIOUS DUTIES AND AN OVERALL STRONG FOR THIS REPORTING PERIOD. WE LOOK FORWARD TO A CONTINUED HIGH LEVEL OF PERFORMANCE DURING THE YEAR TO COME.

5. SECTION D.1. SUBJECT HAS BEEN UNDER MY SUPERVISION FOR SEVEN AND ONE-HALF MONTHS. D.3: COMMENTS BY REVIEWING OFFICIAL:

I FULLY CONCUR WITH THE NARRATIVE COMMENTS OF THE REVIEWER. SUBJECT HAS DISPLAYED A GREAT AMOUNT OF IMAGINATION AND ENERGY IN DIRECTING A DIFFICULT ACTIVITY NAMELY COUNTERINTELLIGENCE ACTIVITY THAT IS SEVERELY RESTRICTED BY ATTORNEY GENERAL GUIDELINES TO THE EXISTING EXECUTIVE ORDER. SUBJECT HAS DESPITE THIS BEEN ABLE TO KEEP A VERY POSITIVE THRUST TO HIS OPERATIONS AND HAS BEEN ABLE TO MOTIVATE THE AGENTS AND PERSONNEL UNDER HIS CONTROL. I AM TOTALLY SATISFIED WITH HIS ENERGY AND MOTIVATION. DESPITE THE FRUSTRATIONS INHERENT IN THE COUNTERINTELLIGENCE ACTIVITY HE CARRIES ON WITH A HIGH SPIRIT AND A TREMENDOUS AMOUNT OF GOOD WILL - NO MEAN ACHIEVEMENT AT THIS JUNCTURE OF AGENCY COUNTER-INTELLIGENCE ACTIVITIES. E3, IMPDET.

END OF MESSAGE

CONFIDENTIAL

SECRET
CLASSIFICATION

FITNESS REPORT

SECTION A

GENERAL INFORMATION

1. EMPLOYEE NUMBER 194737 2. NAME (Last, first, middle) Flores, Daniel 3. DATE OF BIRTH [redacted] 4. SEX M 5. GRADE GS-12 6. SD D
7. OFFICIAL POSITION TITLE Operations Officer 8. OFF/DIV/BR OF ASSIGNMENT DDO/LA/COG 9. CURRENT STATION Headquarters 10. CODE (if any) HQB. DP

11. TYPE OF APPOINTMENT

12. TYPE OF REPORT

XX CAREER RESERVE CONTRACT OTHER (Spec) TEMPORARY XX ANNUAL REASSIGNMENT SPECIAL

13. REPORTING PERIOD (from-to)

14. DATE REPORT DUE IN O.P.

01 July 1975 - 30 June 1976

31 July 1976

SECTION B

QUALIFICATIONS UPDATE

IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

SECTION C

PERFORMANCE EVALUATION

U—Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
M—Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
P—Proficient Performance is satisfactory. Desired results are being produced in the manner expected.
S—Strong Performance is characterized by exceptional proficiency.
O—Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1

Handle a sensitive and productive [redacted] in Cuban operations via TDY travel to meet, debrief, and prepare operational/intelligence reports.

RATING LETTER

O

SPECIFIC DUTY NO. 2

Review incoming operational correspondence from Latin America on Cuban matters and ensure that prompt response and helpful guidance is provided.

RATING LETTER

S

SPECIFIC DUTY NO. 3

Maintain a thorough familiarity with all Cuban activities in Latin America and our operations against them; carry out coordination with other components where appropriate.

RATING LETTER

S

SPECIFIC DUTY NO. 4

Develop leads against the Cuban target by [redacted] and ultimately [redacted] etc., of [redacted] to obtain assessment data on the targets as well as use the leads in approaches to [redacted]

RATING LETTER

O

SPECIFIC DUTY NO. 5

Work closely with the IA's of the section to ensure that they answer all required correspondence and to stimulate them to be creative and productive.

RATING LETTER

S

SPECIFIC DUTY NO. 6

RATING LETTER

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, positive personal traits or habits and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER

S

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CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

This officer has worked under my supervision for approximately six months. This is the first fitness report I have prepared on him. After two field tours and his current assignment to Cuba Operations Group, he has developed into a solid and professional operations officer with the skills we hope our employees will develop. He is now highly motivated and creative in his work. He has demonstrated, particularly in recent months, a gratifying degree of drive and interest.

He has handled one of our most productive and sensitive [] assets. With his guidance this agent has produced, within the past six months, some of the highest quality intelligence on [] and [] this Agency has obtained. Because this agent must be serviced via TDY travel, the responsible case officer must be able to work with very little guidance and have the tradecraft skills and reports writing ability to work largely on his own. With this case Mr. Flores has demonstrated himself to be a first-class agent handler, highly attuned to operational information and quality intelligence production.

As Section Chief I have relied upon him heavily to provide the institutional memory our work demands. He has full grasp of all operations directed against [] not only in those countries under his direct responsibility, but throughout Latin America. Since all of the officers in this section [] and [] agents, Mr. Flores has frequently acted as Section Chief during the absence of the other [] officers, a GS-14 position. He has been able to handle the job well both

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

C/LA/COG []

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I agree with the ratings given by the rating officer. Mr. Flores is indeed a fine operations officer and should have an exceptionally successful career in operations. The only weakness in him that I have ever noted is an occasional lack of drive and self-motivation and as noted by the rating officer, particularly in recent months, he seems to have cured this and has indeed been going at a fast pace.

Mr. Flores is leaving Cuba Operations Group for a rotational tour in the Office of Training. I believe that when he finishes this tour, he should return for an operational assignment in the Latin America area. He is an exceptionally fine case officer, has a native command of Spanish, and has a way of dealing with his agents that gets the most out of them. Future tours for him should involve supervision of younger case officers and he should begin to move into the managerial aspects of operations.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

Chief, LVA/DC

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTIRE IN ALL DETAILS OF THE REPORT

DATE

SIGNATURE OF EMPLOYEE

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S E C R E T

FITNESS REPORT

Daniel Flores

cont.

SECTION D

in terms of paper flow and personnel administration. He demonstrates an ability to advance further along these lines. Also during the period under review he participated in an approach against the [] of [] in a Latin America country. Although the recruitment effort was not successful, it was conducted in a professional manner and Mr. Flores used an [] in a very effective manner.

He has been perhaps the most aggressive officer in the Cuba Operations Group in pursuing leads for interviews of [] and []. During the period under review he conducted at least [] such interviews and developed good assessment data on various targets.

As a native Spanish speaker, Mr. Flores has the ability to [] as a [] and has successfully carried out roles as a []. This ability to [] has been of great assistance in handling the key case he relinquished only on leaving LA/COG.

Mr. Flores has now overcome an earlier reluctance to be aggressive which former supervisors might have noted. I am confident he will maintain and build further on what I have found to be a highly improved sense of enthusiasm. I am sure he will be a strong contributor to his new component.

* * *

No. 3

He is an officer who merits further responsibility and one who should continue to rise in rank as he assumes these additional responsibilities. It has been a pleasure to work with him and I should like to do so with him in the future.

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FITNESS REPORT										
SECTION A GENERAL INFORMATION										
1. EMPLOYEE NUMBER 194737		2. NAME (Last, first, middle) Flores, Daniel			3. DATE OF BIRTH <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		4. SEX M		5. GRADE GS-12	
6. OFFICIAL POSITION TITLE Ops Officer		7. OFF/DIV BR OF ASSIGNMENT DDO/LA/COG			8. CURRENT STATION Washington, D.C.		9. CODE (ch one) X		10. NOS OF	
11. TYPE OF APPOINTMENT					12. TYPE OF REPORT					
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Spec.)	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL			
13. REPORTING PERIOD (from-to) 1 October 1974 - 30 June 1975					14. DATE REPORT DUE IN O.P. 31 July 1975					
SECTION B QUALIFICATIONS UPDATE										
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.										
SECTION C PERFORMANCE EVALUATION										
<p>U--Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.</p> <p>M--Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.</p> <p>P--Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S--Strong Performance is characterized by exceptional proficiency.</p> <p>O--Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>										
SPECIFIC DUTIES										
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).										
SPECIFIC DUTY NO. 1 Case Officer for COG's Latin America area responsible for operational support of LA field Stations Cuba programs.								RATING LETTER S		
SPECIFIC DUTY NO. 2 Case officer for <div style="border: 1px solid black; width: 50px; height: 15px;"></div> sensitive <div style="border: 1px solid black; width: 100px; height: 15px;"></div> operations.								RATING LETTER S		
SPECIFIC DUTY NO. 3 Develop leads to potential Cuban recruitment targets and personally interview prospective access agents.								RATING LETTER S		
SPECIFIC DUTY NO. 4 Supervisor for <div style="border: 1px solid black; width: 30px; height: 15px;"></div> Intelligence Analyst								RATING LETTER S		
SPECIFIC DUTY NO. 5								RATING LETTER		
SPECIFIC DUTY NO. 6								RATING LETTER		
OVERALL PERFORMANCE IN CURRENT POSITION										
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.								RATING LETTER S		

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8 SEP 1975
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SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training, foreign language competence, if required for current position. Ample or explain ratings given in Section C, to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

LA/COG is both a Headquarters and an active opera-

As such, Mr. Flores assignment is

His performance is being rated in both capacities which means that much higher criteria is being applied than for most Headquarters officers.

Mr. Flores has proved to be a professional agent handler, and has been used very effectively in new, sensitive operations Headquarters. Although he did not participate in the recruitment of these sources, Mr. Flores was brought in to provide initial training, and detailed guidance necessary to develop the new assets into reporting sources. One was a complicated case of a who Mr. Flores helped debrief, then trained and The other was a successful of a source with excellent access to the Mr. Flores' job, after being introduced by the recruiting officer, is to make the source into a fully controlled asset and maximize the excellent potential for intelligence information.

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
DATE 8 August 1975	OFFICIAL TITLE OF SUPERVISOR ADC/LA/COG
2. BY EMPLOYEE	
STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE	DATE 9 Aug. 1975
HAVE ATTACHED <input type="checkbox"/>	HAVE NOT ATTACHED <input type="checkbox"/>
3. BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL	
LA/COG has operations officers performing duties similar to those assigned to Mr. Flores--Case officer responsible for recruiting/handling agents directed against a hard target and also staff duties as a Desk Chief. These tasks are the Latin America Division as these officers serve as and also as Headquarters desk officers. All are handled by these employees. I would rank Mr. Flores in the middle of this group, but it must be taken into consideration that all the other officers are senior in grade.	
DATE 8 August 1975	OFFICIAL TITLE OF REVIEWING OFFICIAL AC/LA/COG
BY EMPLOYEE	
I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT	DATE 9 Aug. 1975

CLASSIFICATION

SECRET

-2-

Continuation of Section D

His professional, no-nonsense handling has already contributed to highly significant information (a value quotient of 7.0 with one XX report) on some of the Agency's current Cuba priorities including Cuba's negotiating attitude vis-a-vis the U.S.

In his capacity as Desk officer for field stations in Latin America, Mr. Flores is charged with providing guidance and support aimed at recruitment operations [redacted] He has conducted interviews of [redacted] in the U.S. and initiated a promising [redacted] [redacted] He supervises [redacted] intelligence analyst and, together, they effectively ensure timely response to field requests and help stations to identify operational opportunities, recruitment targets and--where necessary--keep them aware of the priority of the Cuban target.

By his performance, Mr. Flores has demonstrated he is a versatile case officer with good operational instincts; he is showing increasing aggressiveness and imaginative support of field stations in their efforts to [redacted] While he is an excellent agent handler who gets maximum intelligence production from his assets, he is less thorough when handling the administrative details involved in his operations. He needs more supervisory experience, and still tends to rely excessively on his IAs to search for operational leads and conduct operational research.

Mr. Flores was sponsored by the Division, and attended the mid-career course in November 1974. He has excellent potential for further advancement in the Division and has been a significant factor in LA/COG's success over the last year in developing access to Cuba, a recognized hard target.

Continuation of Section E

Subject excels as an agent handler motivating his agents and disciplining them when required to obtain quality intelligence. He handles [redacted] of LA/COG's most sensitive [redacted] and during this period, he has met these [redacted] and in [redacted] [redacted] He has certainly targetted these [redacted] agents against priority objectives and the intelligence produced has been of vital interest to U.S. Government policymakers in this delicate period of Cuban negotiations. Latin America Division has received commendations from

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Continuation of Section E

the intelligence community for reports acquired through Mr. Flores. Subject's staff duties include desk chief responsibilities for support and guidance to field programs including the research and targetting required to conduct an effective recruitment program. Although such duties requiring supervision are new to him, he is also making progress in this capacity. With proper guidance and assistance, he will develop into a most effective supervisor.

Mr. Flores native fluency in Spanish and his Latin background have proven most valuable to Cuban operations. In fact he represents himself as [redacted] For an officer his grade, he is very mature, self assured, has good common sense and is certainly a professional. Subject has completed two tours in the field and is an experienced ops officer. He is intelligent, imaginative, uses good tradecraft at all times and has a clear headed approach to the business. He expresses himself well orally and in writing, and works very well with other case officers. Mr. Flores keeps up to date on political, economic and social affairs pertaining to Cuba and he willingly accepts difficult tasks requiring frequent separations from his family.

Subject definitely has potential. He is operationally aggressive and is gaining experience as a manager. Mr. Flores is already performing at a higher level than his grade. In approximately a year, he should be again dispatched to the field as a senior officer responsible for handling [redacted] or [redacted] targets. During the next reporting period, Mr. Flores should receive training in supervision. He is a solid performer in the Cuban Operations Group and has contributed much to our successes during the past year.

12

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CLASSIFICATION

FITNESS REPORT

SECTION A GENERAL INFORMATION							
1. EMPLOYEE NUMBER 194737	2. NAME (Last, first, middle) Flores, Daniel	3. DATE OF BIRTH	4. SEX M	5. GRADE GS-12 D	6. SD		
7. OFFICIAL POSITION TITLE Ops Officer		8. OFF. DIV BR OF ASSIGNMENT DDO/LA/COG		9. CURRENT STATION Washington, DC		10. CODE (ick one) X HQS OF	
11. TYPE OF APPOINTMENT				12. TYPE OF REPORT			
CAREER	RESERVE	CONTRACT	OTHER (Spec)	TEMPORARY	X ANNUAL	REASSIGNMENT	SPECIAL
13. REPORTING PERIOD (from-to) 5 March 1974 - 30 September 1974				14. DATE REPORT DUE IN O.P.			

SECTION B QUALIFICATIONS UPDATE	
IF QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT, PLACE THE WORD "YES" IN THE BOX TO THE RIGHT. IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.	

SECTION C PERFORMANCE EVALUATION	
U—Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.
M—Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial actions taken or recommended should be described.
P—Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.
S—Strong	Performance is characterized by exceptional proficiency.
O—Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO. 1 Primary case officer for a sensitive	RATING LETTER S
SPECIFIC DUTY NO. 2 Provide operational support and guidance for Cuban operations conducted by LA Division Stations.	RATING LETTER P
SPECIFIC DUTY NO. 3 Direct and supervise Intelligence Assistants assigned to specific areas of responsibilities.	RATING LETTER S
SPECIFIC DUTY NO. 4 Desk case officer for access agents and support assets in LA Division Stations' Cuban operations.	RATING LETTER S
SPECIFIC DUTY NO. 5 Search for leads in the U.S. for LA Division Cuban operations and personally debrief and exploit further exploitation.	RATING LETTER S
SPECIFIC DUTY NO. 6	RATING LETTER C

OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.	RATING LETTER S
--	--------------------

FORM 45

CLASSIFICATION

12. IMPROV CL BY

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

In a very short time, Mr. Flores has become an important factor in LA/COG's efforts to directly handle Cuban [] and to expand its recruitment program. His fluent Spanish, past operational experience, versatility and ability to [] in most Latin American countries, make him highly qualified for his present assignment. He demonstrates sound operational judgment under often trying conditions, and good ability to communicate effectively both orally and in writing. His frequent TDYs demand long and unusual hours, which he gives ungrudgingly.

Almost immediately after his assignment to LA/COG in March 1974, Mr. Flores was called upon to handle a sensitive [] case. The agent had already been recruited and many of the developmental aspects of the case had been resolved prior to Mr. Flores' introduction, but it still required a Headquarters based case officer to provide the necessary continuity wherever the agent []. The case is complicated and time-consuming, involving extended TDYs and utmost adherence to good tradecraft procedures. It has developed into one of our most productive sources of [].

SECTION E

CERTIFICATION AND COMMENTS

(cont'd)

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

16 NOV 1974

OFFICIAL TITLE OF SUPERVISOR

LA/COG/OPS

TYPED OR PRINTED NAME AND SIGNATURE

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

6 Dec 1974

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the rating officer's comments and performance evaluation. Soon after his arrival at LA/COG, Mr. Flores took over the handling of a sensitive agent. While the agent's bona fides had already been established and his modus operandi determined, considerable ad hoc judgement and direction were required to continue the agent's motivation and ensure his viability. Mr. Flores did extremely well in his guidance of the agent in a series of complicated, extended meetings which took place in []. Good, professional tradecraft and sound judgement were exhibited by Mr. Flores.

As to his support of LA Station efforts against the Cuban target,

DATE

16 NOV 74

OFFICIAL TITLE OF REVIEWING OFFICIAL

DC/LA/COG

TYPED OR PRINTED NAME AND SIGNATURE

(cont'd)

4. BY EMPLOYEE

I CERTIFY THAT I HAVE BEEN THE ENTRIES IN ALL SECTIONS OF THIS REPORT

DATE

6 Dec 1974

SIGNATURE OF EMPLOYEE

CLASSIFICATION

FITNESS REPORT - Daniel Flores

SECTION D (CONTINUED)

activities in Latin America, due largely to Mr. Flores' professionalism.

Mr. Flores' current assignment is a combination of operational and Headquarters desk responsibilities, the latter calling for the support of field stations in their efforts to develop individual Cuban recruitment programs. His extended TDYs have understandably prevented Mr. Flores from devoting much time to his desk responsibilities and it is somewhat difficult to judge his performance as a desk officer. He has a good grasp of what needs to be done, and his handling of specific tasks indicates good managerial potential. Nevertheless, he does need additional desk experience, especially in areas which will allow him to use his operational ability to support and guide field stations that are developing Cuban operational programs.

COMMENTS BY REVIEWING OFFICIAL (CONTINUED)

this aspect of his performance was less noteworthy, and it is believed more attention and research could have been given to this activity. Mr. Flores writes concisely and well, and his CI/CE instincts are sharp and true. He can be expected to turn in a solid desk performance in the future.

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FITNESS REPORT		NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.			
SECTION A. GENERAL INFORMATION					
1. EMPLOYEE NUMBER 194737	2. NAME (last, first, middle) Flores, Daniel		3. DATE OF BIRTH [REDACTED]	4. SEX M	5. GRADE & SD GS-12 D
7. OFFICIAL POSITION TITLE Ops Officer		8. OFF/DIV/BR OF ASSIGNMENT DDO/WH/Br 3		9. CURRENT STATION [REDACTED]	
10. TYPE OF APPOINTMENT			11. TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> CAREER PROVISIONAL	<input type="checkbox"/> RESERVE	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> 21 MONTH	<input type="checkbox"/> 30-MONTH
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> TEMPORARY	<input checked="" type="checkbox"/> REASSIGNMENT		<input type="checkbox"/> SPECIAL
12. REPORTING PERIOD (From to) 31 May 73-4 March 74			13. DATE REPORT DUE IN O.P. [REDACTED]		
SECTION B. PERFORMANCE EVALUATION					
<p>U—Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M—Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P—Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S—Strong Performance is characterized by exceptional proficiency.</p> <p>O—Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Station officer responsible for operations against the MPCHEEK target					RATING LETTER S
SPECIFIC DUTY NO. 2 Direction of and support for an [REDACTED] and the [REDACTED]					RATING LETTER S
SPECIFIC DUTY NO. 3 Case officer responsible for a [REDACTED] team					RATING LETTER S
SPECIFIC DUTY NO. 4 [REDACTED]					RATING LETTER [REDACTED]
SPECIFIC DUTY NO. 5 [REDACTED]					RATING LETTER [REDACTED]
SPECIFIC DUTY NO. 6 [REDACTED]					RATING LETTER [REDACTED]
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER S
Take into account everything about the employee as he performs his assignment in his current position such as performance of specific duties, dependability, conduct on job, acceptances, position on team or team, and particular timeliness in reports. Based on your knowledge of employee's rate of performance during the rating period, place the letter in the rating box corresponding to the employee which most closely reflects his level of performance.					

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SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject's tour in [] has been cut short by the serious illness of his daughter. As a result of this illness it was also necessary for him to spend the months of December and January on emergency leave in the United States, returning without his family in February in order to transfer his ops workload and pack out his personal effects for PCS transfer to Headquarters on 4 March.

Although the undersigned had the privilege of working with Subject only briefly, as rating officer he had the advantage of taking over handling of most of Subject's cases following the departure on emergency leave. Thus he was able to observe first hand and in detail the human material with which Subject had worked, the progress he had made in developing their access and capabilities, and the respect these agents had for him.

During the period covered by this report, Subject continued his pursuit of the MPCHEEK target as his primary operational responsibility. He developed and recruited a [] of the [] MPCHEEK [] to the MPCHEEK [] and handled [] He also handled a [] and the Station's [] via a [] who in turn handled []

(Continued)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
4 Mar 74	/s/ Daniel Flores	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
4 Mar 74	DCOS	/s/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>As the rater makes clear, Subject will be missed in [] and we can only sympathize with the reasons why he must now leave. He was doing the Station a great deal of good and advancing his own career nicely as well. It is worth recalling that Subject provided here in [] over what we understand is still a unique operational feat, a [] to an MPCHEEK [] Also, Subject was often used on a variety of operational tasks having little to do with his assigned targets because, in the</p>		
(Continued)		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
4 Mar 74	CO	/s/ Richard S. Welch

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Continuation of Narrative Comments

In carrying this heavy workload, Subject demonstrated that he is a superior agent handler. He succeeded in conveying to these people a sense of mission and participation which has kept their morale and motivation, and hence their production, at a high level. He also insisted upon work and security discipline, with a result that the record of these agents in prompt and reliable appearance for meetings and in responding in writing to requirements is extraordinarily good. They all have a clear idea of what is expected of them, confidence that performance will be rewarded and conversely that non-performance will not be tolerated. Just prior to his departure, Subject successfully terminated an entire [redacted] of long standing, a measure which was decided upon simply because the [redacted] had been [redacted] [redacted] and from a security standpoint replacement seemed to be in order. Letting old agents go is always a delicate and usually a thankless task. It takes finesse and bargaining skill. Subject showed these and more in divesting us of the team without a hitch.

During his last month in [redacted] despite the fact that he was burdened with the problems of closing out his household and the normal operational and administrative cleanup prior to PCS departure, Subject made two very significant contributions to Station objectives. First, he coordinated with the [redacted] the official but necessarily [redacted] visit of a senior BKHERALD officer. Since the Station is [redacted] Subject had to maintain his [redacted] throughout, further complicating this delicate assignment. During the visit, he coordinated frequently with the head of the [redacted] and with the chief administrative aide of the [redacted]. He also participated directly in one meeting with the [redacted]. This was of course not the type of assignment which would normally be entrusted to a "junior officer", but Subject is junior only in relative grade, certainly not in maturity, self-assurance or judgment. Then with only three days left in [redacted] Subject led an [redacted] which entered a building recently purchased by the HPCHEEKs, remained for [redacted] and made two apparently excellent [redacted].

The Station will miss Subject a great deal. As the above incidents demonstrate, when the tough or sensitive assignments came up, he was the officer we turned to most frequently. He never balks, argues inconvenience, or seeks the way out. He is cooperative, helpful, and in a low-key way is always effective. We hope he will not object to the term "old reliable" -- he has been that in [redacted] and more.

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Continuation of Comments of Reviewing Officer

first instance he was bilingual and could fade into the background. But he would not have been so regarded if he had not shown ample good sense, zeal, and balanced judgment in unfamiliar situations. We hope Subject can get overseas again within a reasonable time and consider that the Station that gets him will be fortunate.

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FITNESS REPORT				NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.				
SECTION A. GENERAL INFORMATION								
1. EMPLOYEE NUMBER 036130		2. NAME (last, first, middle) Flores, Daniel		3. DATE OF BIRTH <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		4. SEX M	5. GRADE GS11	6. SD D
7. OFFICIAL POSITION TITLE Operations Officer				8. OFF/DIV/BR OF ASSIGNMENT DDO/WH/3		9. CURRENT STATION <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		
10. TYPE OF APPOINTMENT				11. TYPE OF REPORT				
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> PROVISIONAL	<input type="checkbox"/> RESERVE	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 21 MONTH	<input type="checkbox"/> 30 MONTH	<input type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL	
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL*	<input type="checkbox"/> TEMPORARY	12. REPORTING PERIOD (From-to) 1 July 1972-31 May 73		13. DATE REPORT DUE IN O.P.			
SECTION B. PERFORMANCE EVALUATION								
<p>U—Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M—Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P—Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S—Strong Performance is characterized by exceptional proficiency.</p> <p>O—Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>								
SPECIFIC DUTIES								
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).								
SPECIFIC DUTY NO. 1 Station officer responsible for operations against the MPCHEEK target.							RATING LETTER S	
SPECIFIC DUTY NO. 2 Handler for sensitive <div style="border: 1px solid black; width: 200px; height: 20px;"></div>							RATING LETTER O	
SPECIFIC DUTY NO. 3 Supervise principal agent							RATING LETTER S	
SPECIFIC DUTY NO. 4 Miscellaneous operational support activity, including direction of a <div style="border: 1px solid black; width: 50px; height: 20px;"></div> team.							RATING LETTER S	
SPECIFIC DUTY NO. 5 <div style="border: 1px solid black; width: 100%; height: 40px;"></div>							RATING LETTER	
SPECIFIC DUTY NO. 6 <div style="border: 1px solid black; width: 100%; height: 40px;"></div>							RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION								
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER S	

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SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Following realignment of Station officer assignments last year, Subject was given the responsibility for operations against the MPCHEEK "hard target". He also assumed additional tasks in more traditional areas, such as coverage of the [] of the [] and []. The breadth of these operational commitments attests Subject's professional ability and versatility. (This would be a senior case officer's load by any description and Subject's performance at it was the reason behind our recommendation for accelerated promotion last year.)</p> <p>Particularly against the difficult MPCHEEK target, this officer has displayed admirable determination despite the inherent frustrations and disappointments of working against this remote and suspicious group. During the period under review, his job has been the more difficult since the MPCHEEKs, in all probability [] Station [] (in which Subject played a major role), have withdrawn into a defensive shell which makes access operations verge on the impossible. Nevertheless, he has continued to probe their defenses, and has managed to develop [] leads which, with the exercise of patience and application of his proven operational resources, could eventually [] to the [] MPCHEEK Mission here. This officer refuses to become discouraged, a quality officers working on hard targets must have.</p> <p>Special mention is made of Subject's successful bid to make recontact and establish regular meetings with a []. The agent had broken contact with his former handler in the belief that such action was dictated by his security situation. Our choice of Subject to attempt to recontact this asset was dictated by his experience in dealing with skittish [] and our belief that Subject could bring it off with tact, reading the situation. /CONTINUED/</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
28 June 1973	/s/ Daniel Flores		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
20			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
28 June 1973	Deputy Chief of Station	/s/ []	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>As described, this officer is a steady and solid performer who carries a major case load securely, productively, and without complaint. He has even volunteered to take on additional work when he has seen opportunities to help the Station's overall mission. Because he [] he is often drafted for all kinds of ad hoc operational work. This is invariably well done. He is operationally aggressive but also shows lively awareness of the tricky operational climate here and does not push beyond what the traffic will bear. His agents respect his seriousness, which permits him to get more utility out of them. He is a pillar of this Station.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
2 July 1973	Chief of Station	/s/ Richard S. Welch	

CONFIDENTIAL

C O N F I D E N T I A L

Section C continued.....

as it developed, and make appropriate on-the-spot adjustments to control the asset's reactions. All this had to be accomplished with great regard to security because of the [redacted] Subject's performance has been effective and, given the operation's importance, can really be called outstanding. The agent is again a prime source on the [redacted] which is crucial to developments locally.

Further, this officer continues to manage an [redacted] agent who in turn [redacted] and [redacted] so directing these efforts that they contribute effectively to overall Station objectives. More recently, Subject has taken over the [redacted] of a new [redacted] targetted against a [redacted] and is carrying it through successfully. This officer also handles much of the support requirements for his various operations, including management of [redacted] overseeing a small [redacted] and acquisition of rental cars and property [redacted] There is little doubt that some of Subject's success can be attributed to his Latin background and fluent Spanish. But both of these advantages might be wasted by a less capable all-round officer. In his case, they provide him with complementary skills that enhance his superior performance. In the view of the reporting officer, Subject carries more than his own share here in [redacted] in a manner normally calling for an officer of considerably more senior grade and experience.

C O N F I D E N T I A L

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
SECTION A - GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEA	4. GRADE
Flores Daniel				M	GS-11 D
5. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		
Ops Officer			DDP/WH/3		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
31 August 1972			24 September 1971 - 30 June 1972		
SECTION B - PERFORMANCE EVALUATION					
U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.					
M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.					
P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.					
S-Strong Performance is characterized by exceptional proficiency.					
O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Direction of and administrative support for [] principal agents whose efforts he directs [] and []					S
SPECIFIC DUTY NO. 2					RATING LETTER
Coordinator of all Station operations against the [] including management of the project covering this activity.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Case officer in charge of the Station's []					P
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> EXEMPT FROM FUTURE DECLASSIFICATION OF E.O. 11652, 1 FEB 61 S 55(1) (C) AUT. </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> IMPDET (Various Department, Staff, etc. of DDP) </div>					
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

SECRET

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>In the period of this report, Subject established himself and his family at this post and undertook the direction of the Station's operations against the [] which had formerly been handled by an officer two grades senior to Subject. He has proved equal to the task. He learned his new assignment rapidly and adapted well to the handling of his cases through [] agents, a security requirement of the [] which can be frustrating for an aggressive officer with fluent Spanish such as Subject. However, he has shown maturity and superior handling ability in directing his assets against the [] and particularly the []. His intimate knowledge of the [] enabled him to plan secure contact with a [] who at first appeared genuine. After thoroughly debriefing this individual, drawing upon his knowledge of the [] Subject was able to recommend no continuing contact with him due to specific fabrications on the part of the [].</p> <p>He is careful in management of funds entrusted to him for his operations and provides required administrative and operational reports in a timely manner. There have been past comments on Subject's weakness in writing. He has worked hard on this, and the rating officer feels that he is now competently producing the reports required. Subject understands that this is an area that requires continuing attention for a growing professional.</p> <p style="text-align: right;">/CONTINUED/</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
15 August 1972	/s/ Daniel Flores		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
10			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
15 August 1972	Deputy Chief of Station	/s/ []	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Subject has come up the hard way, both in pushing on to finish his education and in BKTRUST. As a result he is way under-graded for his maturity and for his operational contributions. That we have given Subject a major responsibility here (STPAGODA) attests to how much confidence we have in him and his ability. He is, of course, bi-lingual and mixes well with [] an advantage he uses well. A good "street" operator, he still has a way to go in organizing his paper work and in relating to HQ needs.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
15 August 1972	Chief of Station	/s/ Richard S. Belch	

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SECTION C continued.....

A comment must be made on Subject's great ability to adjust rapidly to one-time and target of opportunity assignments. His performance in meeting with [] high level agents of [] who had to be met during stays in [] and his on-site assistance in an [] against a priority target have been of the highest order. No doubt his fluent Spanish greatly assisted him in these tasks, but his experience and good judgment were major factors in his excellent performance in the role of utility operations officer.

To exploit Subject's talents to the fullest, and provide him with the professional challenge equal to his ability, he has now been assigned the management and handling of the difficult [] a top priority for the Station. This is a true measure of our confidence in him.

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER 036130	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Flores, Daniel			2. DATE OF BIRTH	3. SEX M	4. GRADE 5. SD GS-10 D
6. OFFICIAL POSITION TITLE Ops Officer			7. OFFICER OF ASSIGNMENT DDP/WH/3		8. CURRENT STATION Hqs
9. CHECK TYPE OF APPOINTMENT			10. CHECK TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 31 October 1971			12. REPORTING PERIOD (From - to) 1 May 1971 - 30 September 1971		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

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Mr. Daniel Flores completed his first tour in [redacted] and departed the field on 28 May 1971. Following home leave, Mr. Flores returned to Headquarters in August for approximately two months training prior to his next assignment to [redacted]. This training included Weapons Familiarization and Defensive Driving, CA, [redacted] Communist Party, TSD briefings, and on-the-desk Reports Writing Familiarization.

Since Mr. Flores has been on leave or training status for most of this reporting period, no meaningful rating can be given.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT	
DATE	SIGNATURE OF EMPLOYEE
2. BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
	employee in training
DATE	OFFICIAL TITLE OF SUPERVISOR
16 August 1971	WH/Personnel Officer
3. BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL	
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL (TYPED OR PRINTED NAME AND SIGNATURE)

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
Flores, Daniel				M	GS-15
5. OFFICIAL POSITION TITLE			7. OFF. OR BR. OF ASSIGNMENT		
Ops Officer			DDP/WH/3		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 October 1970/30 April 1971		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Case Officer responsible for a Base project targetted against the					S
SPECIFIC DUTY NO. 2					RATING LETTER
Case Officer responsible for a sensitive technical operation including the selection of intelligence resulting from the operation.					O
SPECIFIC DUTY NO. 3					RATING LETTER
Development of new agent assets.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Preparation of dispatches, intelligence reports and other correspondence pertinent to his area of responsibility.					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

FORM 1-68

45

USGPO: 1967 O-307-100

SECRET

Reviewed by O.P. 10/10/71

SECRET

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>There has been little change in Subject's performance since the submission of his last report covering the period through 30 September 1970.</p> <p>The highpoint of his activities during this period, as it has been throughout his tour, has been his management of a sensitive technical operation which has been a consistent producer of unique and high level intelligence. This has been a good performance on Subject's part indicative of his professional capability to conduct clandestine operations.</p> <p>Subject's writing ability has improved during this period, and there is little doubt that his efforts in this regard are paying off. Further experience should see continued improvement of his writing skills.</p> <p>As Subject's first tour comes to a close he can look back on a generally strong performance in all phases of his operational activity on behalf of the Base's objectives.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE 3 May 1971	SIGNATURE OF EMPLOYEE /s/ Daniel Flores		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 20	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE 3 May 1971	OFFICIAL TITLE OF SUPERVISOR COB, []	TYPED OR PRINTED NAME AND SIGNATURE /s/ []	
3. BY REVIEWING OFFICIAL			
<p>COMMENTS OF REVIEWING OFFICIAL</p> <p>I concur in the ratings and remarks of the supervisor. During his first tour abroad, Subject has done very well in his main fields of activity. His outstanding attribute at the moment is his persistence not only in going after operational targets but also in improving himself. He has encountered some difficulty in presenting his ideas in written form but he has faced up to this problem and, as the rating officer notes, has made significant improvement.</p> <p align="right">(Continued)</p>			
DATE 17 May 71	OFFICIAL TITLE OF REVIEWING OFFICIAL COS, Quito	TYPED OR PRINTED NAME AND SIGNATURE /s/ []	

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Continuation of Comments by Reviewing Official

Subject has a clear-headed approach to the collection of intelligence and is realistic in evaluating potential sources. His fluency in the Spanish language has facilitated his movement in the local community and he has developed several potentially useful sources and identified others.

In considering this officer for promotion, two facts should be kept in mind:

- a. He is probably older and certainly more mature than the average officer at his grade level. He is anxious to get ahead and this explains much of his initiative and drive.
- b. The rating officer has rated him very realistically which, in my view, adds to the importance of the outstanding rating given him on Specific Duty No. 2.

SECRET

C-O-N-F-I-D-E-N-T-I-A-L

TRAINING REPORTWeapons Training/Defensive Driving Course No. 1/722-6 August 1971

Date

TRAINEE: FLORES, Daniel

OFFICE: WH

PURPOSE AND SCOPE OF COURSE:

The course provides basic proficiency training in the use of weapons for self-defense and in the techniques of defensive driving to counter vehicular kidnaping for Agency officers being assigned to hostile or unstable political and operational environments abroad.

ACHIEVEMENT RECORD:

This is to certify that Mr. Flores has satisfactorily completed the prescribed course of instruction.

FOR THE DIRECTOR OF TRAINING:



✓ Chief, Special Activities Branch

9 August 1971

Date

C-O-N-F-I-D-E-N-T-I-A-L

Certification of Handgun Qualification

9 August 1971

Date _____

Mr. [] and
(Instructor CAB Staff, OTG, ISOLATION)
Identity

Trainee FLORES, Daniel, WH
Identity

on 2-6 August, Mr. Flores was given 28 hours
date identity

instruction in firing techniques, weapon care and safe weapons handling

procedures. Subsequently Mr. Flores fired the handgun qualifica-
 tion course with a Automatic (Cal.-9mm) achieving a score of 258
Revolver (Cal.38) achieving a score of 261 out
weapon

of a possible 300. Mr. Flores demonstrated that he
identity

had absorbed the instruction on safe weapon handling and that he exercises

due care and discretion. Accordingly Mr. Flores is certified as
identity

qualified with the Automatic (Cal. - 9mm)
Revolver (Cal. - 38) as of this date.
weapon

Signed

SAB/OTC

Instructor Identity

SECRET

Continuation of Narrative Comments

the target is good. The project is, however, in need of good human reporting assets and it is expected that as Subject overcomes a weakness mentioned in the next paragraph he will be able to devote more of his time to this important task.

The Subject has encountered some difficulty in the preparation of written material -- dispatches, intelligence reports -- and finds it necessary to spend an extended portion of his time on its preparation. The rater has discussed this with Subject on several occasions, and it is believed that his difficulty is due to a lack of experience, and that in time and with a continuing effort on his part he will develop his writing skills.

The Subject's overall attitude and response towards his professional responsibilities during the first tour have been positive. He is interested in the kind of work he is doing, likes it and is willing to put in the kind of long hours it sometimes demands without complaint.

Continuation of Comments of Reviewing Official

of the Base. He responds positively to guidance and direction; he is eager for new opportunities to enlarge his experience and knowledge. He appears to be completely motivated toward the work of this organization; it is a pleasure to have him in

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Reviewed by (SFC) RTH

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>The period covered by this report encompasses the middle portion of the Subject's first tour as a Case Officer. His performance during this period has been balanced in that he has shown the kind of intelligence and maturity necessary to successfully carry out clandestine operational activity. He has also shown a weakness which he will need to overcome in order to achieve his full operating potential.</p> <p>The Subject has turned in fine performance in the overall management of a very important and sensitive [] operation which has been under his care since the pre-installation phase. His sure and careful handling of all succeeding phases of this operation led to a secure, uncomplicated installation, the recruitment and training of support agents, and the dissemination of valuable intelligence information. Subject's natural fluency in the Spanish language has been especially useful in this operation. His handling of this installation has been of a high professional caliber throughout.</p> <p>The Subject is also responsible for the management of a project targetted against the []. His handling of this project has been good: he is a good agent handler; knows how to target his assets against objectives of most importance; and, his knowledge of</p> <p style="text-align: right;">(Continued)</p>			
SECTION D			
CERTIFICATION AND COMMENTS			
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
30 Oct. 1970	/s/ Daniel Flores		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
30 Oct. 1970		[] /s/	
3. BY REVIEWING OFFICIAL			
<p>Comments of reviewing official:</p> <p>I agree with the ratings. This has been a good year for Subject, one which has given him a rather unusual opportunity to learn many facets of the work of this organization and one in which he has shown a very satisfactory level of accomplishment. Shortly after his arrival in [] he became, for a short time, the Acting Chief of Base, and through that period and the ensuing change in Base Chiefs, he showed a professional maturity we felt to be exceptional for a young officer on his first tour. He has worked hard and intensely for improvement in the quantity and quality of his operational production, and he has collaborated very effectively with the other officers</p> <p style="text-align: right;">(Continued)</p>			
DATE	SIGNATURE OF REVIEWING OFFICIAL		
30 Oct. 1970	[]		

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SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SS
Flores, Daniel		4 Aug 1935	M	GS-10	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT		8. [REDACTED]	
Ops Officer		DDP/WH/Branch 3			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> INITIAL <input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C) <input checked="" type="checkbox"/> ANNUAL			<input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 October 1969 - 30 September 1970		
SECTION B PERFORMANCE EVALUATION					
U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C. M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described. P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected. S-Strong Performance is characterized by exceptional proficiency. O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Case Officer responsible for Base project targetted against the [REDACTED]					S
SPECIFIC DUTY NO. 2					RATING LETTER
Case Officer responsible for a sensitive [REDACTED] operation including the selection of the intelligence resulting from the operation					S
SPECIFIC DUTY NO. 3					RATING LETTER
The development of new agent assets and operations					P
SPECIFIC DUTY NO. 4					RATING LETTER
Preparation of dispatches, intelligence reports and other correspondence pertinent to the operation in his area of responsibility					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, personal personal traits as habits and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

SECRET

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Section C

Narrative Comments, Cont'd

disciplined, effective manner enabling him to maintain a continuity and productivity within the Base operational requirements with security and dispatch.

Socially Subject and his wife are proving to be good mixers and both are gaining in popularity within the local [redacted] communities. They both have gained the respect and appreciation of the [redacted] complex not only as compatible personalities, but in her willingness to participate actively in [redacted] endeavors and his professional cooperative attitude. Their optimistic and positive conduct at official and non-official functions is a credit to the Base.

Subject's native fluency in Spanish and his Latin background is proving to be a definite asset in the performance of his assigned operational tasks and ability to handle agent assets amicably and productively.

He maintains accurate accounting records and is demonstrating responsible acute cost consciousness in the use of funds and properties.

This rater's principal criticism of this employee is his tendency toward impulsiveness and too-quick judgement before weighing all the facts and implications in the pursuit of his operational requirements; however, this weakness is more a function of his inexperience in the field and will be resolved as he gains more field experience.

Subject, although exhibiting resourcefulness and imagination in performing his assigned operational tasks also has a tendency to accept the judgement of other senior grade officers too readily rather than express his own convictions and trust in his own assessment of a situation.

This rater has counseled this Officer regarding these tendencies and he is taking measures to rectify them.

In judging his over all performance, this Rater is of the opinion if he continues to apply himself in handling tasks worthy of a senior grade officer, he should be considered for a promotion to the GS-10 level at the earliest opportunity.

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SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) Florch, Daniel			2. DATE OF BIRTH 8-11-35	3. SEX M	4. GRADE (11-10)
5. OFFICIAL POSITION TITLE Oph Officer			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/Br 3		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To) 13 May 1969 - 30 September 1969		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Case Officer responsible for handling Base operations and assets targetted against hard- and soft-line communist activities in the [] of [] DE 42					RATING LETTER S
SPECIFIC DUTY NO. 2 Case Officer responsible for the handling of [] sensitive [] operations. He is also responsible for the translations, processing, and dissemination of the relevant intelligence info. DE 42					RATING LETTER S
SPECIFIC DUTY NO. 3 Case Officer of [] assets targetted against the [] within [] groups. DE 42					RATING LETTER P
SPECIFIC DUTY NO. 4 Development of new contacts and operations, including following up operational leads and recruitment pitches. DE 42					RATING LETTER P
SPECIFIC DUTY NO. 5 Case Officer responsible for writing his own intelligence disseminations prepared from information obtained from his agent assets. DE 42					RATING LETTER P
SPECIFIC DUTY NO. 6 Drafts operational correspondence, Project Renewals, and Progress Reports. DE 42					RATING LETTER S
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

OCT 26 10 40 AM '69

This employee, a GS-09, arrived PCS at the [] Base on 13 May 1969 and has been under this Rater's supervision during this four and one-half month period. [] is his first overseas assignment with this Agency.

During this short reviewing period, this Officer has demonstrated a marked insight and knowledgeableness of the operations he has been assigned, and has provided a number of good ideas and suggestions for the betterment of these operations. Subject is proving to be a hard worker and has not complained of the many extra hours he has devoted to his operations. He has accepted responsibilities without hesitation and is not afraid to take on difficult tasks using initiative and ingenuity in their completion. This latter quality has been amply demonstrated when the Rater was unexpectedly confined to a hospital in the [] for the full month of August 1969, leaving this employee solely responsible for the Base as the only inside Case Officer at the Base during this time. Rater's absence corresponded with a change in Case Officer PCS assignments at the Base, which left the Base temporarily depleted of Officers. During this period, Subject exhibited an ability and maturity expected of an officer of higher grade and greater field experience. He organized his increased workload in a

...Continued...

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
2 October 1969	/s/ Daniel Flores	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
2 October 1969	Chief of Base	/s/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
<p>This Officer has made a most impressive beginning in [] He has in a few short months adapted to new tasks and a new environment with mature, if modest, assurance and a professional approach which speaks highly for the training and experience he has had. He has taken on, in the absence of the Chief of Base and other senior officers, responsibilities uncommon to an officer of his junior position, and he has handled them in a superior fashion. He and his wife have entered into their representational responsibilities with great enthusiasm and effectiveness, and I predict a most highly successful tour for him in [] Because he has shown a personal and professional competence beyond his grade level, it is strongly recommended that he be considered for promotion to GS-10 at the earliest opportunity.</p>		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
16 October 1969	Chief of Station	/s/ []

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130 ✓	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
Flores Daniel				M	GS-08 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION
OPH Officer			DDP/WH/4		HQS
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)		
			19 September 1968 - 30 April 1969		
SECTION B PERFORMANCE EVALUATION					
W - Weak		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
A - Adequate		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
P - Proficient		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
S - Strong		Performance is characterized by exceptional proficiency.			
O - Outstanding		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Operations officer handling the Headquarters direction and support of FI projects and activities.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Preparation of operational correspondence, dispatches, cables and special memoranda.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Coordination of operational matters with other components and desks.					P
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<div style="position: relative; height: 40px;"> 13 MAY 1969 </div>					
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manager of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Mr. Flores did a fine job while he was assigned to the Chile desk. He had responsibility for a variety of FI projects, including several complex and sensitive ones, which he ably handled. He had a full workload and in addition to his assigned responsibilities he was given FI assignments of every type as they arose. On one occasion he was sent on an operational trip to [] where he was to contact, assess and support a target personality. Owing to circumstances beyond his control nothing went as expected but Mr. Flores, acting alone, improvised and adapted to the situation. This is indicative of the initiative and eagerness he displayed in his desk work. He was willing to learn and he accepted guidance and instruction to the letter. In addition Mr. Flores writes well and this is always an asset.</p> <p>Mr. Flores is fluent in Spanish. It is my impression that if there is one thing that Mr. Flores wants to be that is a field case officer. He is now getting that chance. He will soon leave on an assignment to [] I have no doubt that he will do very well.</p> <p>Mr. Flores did not have any managerial duties.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
April 28, 1969	[Signature]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
5 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	T	RE
28 April 69	C/WH/4/Chile		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I concur in the above assessment.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
29 April 1969	Chief, WH/4	[Signature] Raymond A. Warren	

SECRET

STANDARDIZED PERSONNEL EVALUATION REPORT

1. NAME (LAST) (FIRST) (MIDDLE) (Employee
Serial No.)

FLORES, Daniel 07 036130
2. DATE REPORT MADE (MO) (DAY) (YEAR) REPORTING PERIOD (MO) (DAY) (YEAR)
30 November 1968 17 December 1967 - 31 October 1968

3. This Standard Training has been assigned in course of the Integrated Program with designation training in Clandestine Operations.

Detailed evaluations of his performance in each phase are contained in his Official Personnel Folder. Definition of the rating letter corresponds to that in Section B, Standard Report Form 4b (4-6-67).

OVERALL PERFORMANCE IN INTEGRATED PROGRAM Proficient

4. COMMENT AND PERTINENT OBSERVATIONS.

Mr. Flores entered the CT Program on 11 December 1967, sponsored by DDP/WH Division. His work during formal training was characterized by determination, hard work, and a strong ambition to become a successful Clandestine Services operations officer. He responded well to supervision and guidance and experienced no difficulties in assimilating the principles and techniques covered by the instruction. In Operations Course Phase I, the key course for DDP case officers, he achieved an overall performance rating of HIGH PROFICIENT.

At the previous request of his Division Chief, Mr. Flores was, effective 10 October 1968, reassigned to DDP/WH Division.

27 NOV 1968
at

25 November 1968

John Gerry
John Gerry

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				030130	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
FLORES, Daniel				M	GS-05 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/DR OF ASSIGNMENT 8. CURRENT STATION		
Intel Clerk			DDP/WH/COG WASH., D.C.		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)			<input checked="" type="checkbox"/> SPECIAL (Specify) Recommendation for Promotion		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 February 1967-15 June 1967		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Performs intelligence operations support work in connection with Cuban CI operations in [redacted] Assembles lead files, DEAS collates data on hand and additions information received in preparation for target analysis.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Screens Cuban [redacted] for information of value in the branch counter espionage-counter intelligence records and for operational data.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Conducts liaison between two contract agents and WH/COG/CICS and maintains the administrative records for these cases.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares translations from Spanish to English and English to Spanish of operational correspondence.					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

FORM 4-66

45 USE PREVIOUS EDITIONS

SECRET

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Major performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p>Mr. Flores is a part-time staff employee who works a maximum of 19½ hours per week while attending university full-time. In August 1967 he will obtain his bachelor's degree in political science. He will revert to full-time employment upon finishing his university studies and will be recommended to the Office of Training for admission in the CT class beginning November 1967.</p> <p>The limitations imposed by part-time employment have prevented us from assigning Mr. Flores to jobs within the branch such as the monitoring of active field cases which require close, daily attention. However, he is qualified for this type of duty. His performance in the duties described above is excellent. He accomplishes his tasks quietly and efficiently with a minimum of guidance from his supervisor. Because he is bi-lingual in Spanish and English he is of great use to the Branch in screening quickly and accurately materials which are of counter-intelligence interest.</p> <p>Mr. Flores agency work background, coupled with his formal education about to be completed and his own desire to make a career in intelligence make him an extremely valuable employee, one in whom the Agency should not hesitate to invest time and money for the advancement of his career training.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1.		BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
June 14, 1967	<i>[Signature]</i>		
2.		BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
	DC/WH/COG/CICS	<i>[Signature]</i> Carl Trottin	
3.		BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL			
<p>I would rate Mr. Flores essentially the same as Mr. Trottin. I wish to stress that, although young and inexperienced in intelligence work at the present time, the potential is certainly there. After CT training Mr. Flores should be a fine, dedicated and competent officer.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL		
	DC/WH/COG/CICS		

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
Flores Daniel			M	GS-05	D
6. OFFICIAL POSITION TITLE		7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION	
Intel Clerk		DDP/WH/COG		WASH., D.C.	
9. CHECK (X) TYPE OF APPOINTMENT		10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.		12. REPORTING PERIOD (From - to)			
		1 April 66 - 31 Jan 67			
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Conducts liaison between two contract agents and WH/COG/CICS					P
SPECIFIC DUTY NO. 2					RATING LETTER
Maintains files and handles administrative matters for these same two contract agents, including travel, housing, payments, etc.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Prepares translations from Spanish to English and from English to Spanish					S
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares material for input for the [] Program					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Apply discipline ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

JAN 30 10 48 AM '67

Mr. Flores has continued to perform at the same proficient level cited in his previous fitness report. The ratings and remarks appended to this report, accordingly, still remain applicable.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE	
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT	
DATE	SIGNATURE OF EMPLOYEE
	<i>[Signature]</i>
2. BY SUPERVISOR	
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
5 months	
DATE	OFFICIAL TITLE OF SUPERVISOR
26 January 67	Chief, WH/COG/CICS
3. BY REVIEWING OFFICIAL	
COMMENTS OF REVIEWING OFFICIAL	
Mr. Flores turns in a good piece of finished work and has demonstrated increasing ability as a Case Officer. As soon as he graduates I plan to recommend him for CT training. I have discussed the matter with him and he plans to make a career with the Agency which will be mutually advantageous to him and the Agency.	
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL
30 Jan 67	Deputy Chief, WH/COG

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130 ✓	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
FLORES, Daniel				M	GS-05 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
Intelligence Asst.			DDP/WH/C		Washington D.C.
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
30 April 1966			1 April 65 - 31 March 66		
SECTION B PERFORMANCE EVALUATION					
<p>W - <u>Weak</u> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - <u>Adequate</u> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - <u>Proficient</u> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - <u>Strong</u> Performance is characterized by exceptional proficiency.</p> <p>O - <u>Outstanding</u> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Conducts liaison between two contract agents and WH/COG/CICS					P
SPECIFIC DUTY NO. 2					RATING LETTER
Maintains files and handles administrative matters for these same two contract agents, including travel, housing, payments, etc.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Prepares translations from Spanish to English and from English to Spanish					S
SPECIFIC DUTY NO. 4					RATING LETTER
Prepares material for input for the [] Program					P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of major or supervisory duties; and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>Mr. Flores is a part-time staff employee who works a minimum of nineteen hours per week; he is also a full time college student in his senior year, majoring in political science and specializing in Latin American studies. Subsequent comments should be prefaced by the statement that Mr. Flores' overall performance of his assigned duties would be considerably more efficient if he were able to devote full time to his assignment. On the other hand, Mr. Flores is preparing himself academically for a useful career with the Agency and in the rater's opinion shows promise of becoming a very capable and competent officer.</p>			
<p>Mr. Flores is bilingual and has served very efficiently as a translator for the Branch. He has gained very valuable experience as a case officer in the handling of two contract agents of WH/COG/CICS and in doing so has demonstrated tact, sound judgment and a fine ability to handle people. Mr. Flores is very personable, intelligent and makes an excellent appearance. With the completion of his studies he should be able to make the transition from Intelligence Assistant to Junior Case Officer, which the rater heartily recommends.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
30 November 1966	<i>[Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
11 months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPE OR PRINTED NAME AND SIGNATURE	
30 November 66	DC/WH/COG/CICS	<i>[Signature]</i> John A. Castoro	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>Mr. Flores has worked closely under my direct supervision in the handling of the two contract employees listed under Specific Duty No. 1 and 2. I concur with the rating of Mr. Castoro and can only emphasize that I believe Mr. Flores will make a good Case Officer and I plan to recommend him for CT status as soon as he is able to be with us full time.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL		
30 Nov 1966	Chief, WH/COG/CICS		

SECRET

SECRET

(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL						
1. NAME (Last) (First) (Middle) FLORES, Daniel			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-05	5. SD D
6. OFFICIAL POSITION TITLE Intel Clerk			7. OFF/DIV/BR OF ASSIGNMENT DDP/WH/COG		8. CURRENT STATION WASH., D.C.	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify) Recommendation for Promotion			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to) 1 February 1967-15 June 1967			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1 Performs intelligence operations support work in connection with Cuban CI operations in [redacted] Assembles lead files, collates data on hand and additions information received in preparation for target analysis.						RATING LETTER S
SPECIFIC DUTY NO. 2 Screens [redacted] for information of value in the branch counter-espionage-counter intelligence records and for operational data.						RATING LETTER S
SPECIFIC DUTY NO. 3 Conducts liaison between two contract agents and WH/COG/CICS and maintains the administrative records for these cases.						RATING LETTER P
SPECIFIC DUTY NO. 4 Prepares translations from Spanish to English and English to Spanish of operational correspondence.						RATING LETTER P
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S

SECRET

SECTION C NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manager of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Mr. Flores is a part-time staff employee who works a maximum of 19 1/2 hours per week while attending university full-time. In August 1967 he will obtain his bachelor's degree in political science. He will revert to full-time employment upon finishing his university studies and will be recommended to the Office of Training for admission in the CT class beginning November 1967.

The limitations imposed by part-time employment have prevented us from assigning Mr. Flores to jobs within the branch such as the monitoring of active field cards which require close, daily attention. However, he is qualified for this type of duty. His performance in the duties described above is excellent. He accomplishes his tasks quietly and efficiently with a minimum of guidance from his supervisor. Because he is bi-lingual in Spanish and English he is of great use to the Branch in screening quickly and accurately materials which are of counter-intelligence interest.

Mr. Flores agency work background, coupled with his formal education about to be completed and his own desire to make a career in intelligence make him an extremely valuable employee, one in whom the Agency should not hesitate to invest time and money for the advancement of his career training.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

June 14, 1967

SIGNATURE OF EMPLOYEE

[Signature]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

DC/WH/COG/CICS

TYPED OR PRINTED NAME AND SIGNATURE

Carl Trettin

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I would rate Mr. Flores essentially the same as Mr. Trettin, I wish to stress that, although young and inexperienced in intelligence work at the present time, the potential is certainly there. After CT training Mr. Flores should be a fine, dedicated and competent officer.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

C/WH/COG/CICS

SECRET

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SD
FLORES, Daniel				M	GS-05 D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT 8. CURRENT STATION		
Intelligence Asst.			DDP/SAS Washington D.C.		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From- to-)		
30 April 1965			1 January 1964 - 31 March 1965		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Served as interpreter for WH/SA counterintelligence operations officers and Office of Communications officers in training and briefing agents					RATING LETTER
					S
SPECIFIC DUTY NO. 2 Assisted in the debriefing of a Cuban intelligence service defector.					RATING LETTER
					P
SPECIFIC DUTY NO. 3 Translated and participated in the preparation of agent [redacted] and [redacted]					RATING LETTER
					P
SPECIFIC DUTY NO. 4 Performed traces and research relating to counterintelligence operations and activities.					RATING LETTER
					S
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or expand points given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Flores was a particularly useful and versatile employee in the WH/SA counterintelligence operations unit. Although he had no operational training or previous operational experience, he learned rapidly and performed well the operational support type duties assigned to him. His fluent knowledge of the Spanish language, his willingness to learn and perform tedious tasks, and his conscientious approach to his work were important factors in his performance. His previous assignments in the RI Division and in WH/SA as a translator and in conducting name traces gave him a good background.</p>			
<p>With respect to specific duty #3, on two separate operations in [redacted] Mr. Flores participated in the training and preparation of agents for [redacted]. In the first operation he interpreted for training in [redacted] and related subjects. The second operation involved [redacted] only. This experience enable Mr. Flores to perform duties (specific duty #3.) relating to communications with agents [redacted].</p>			
<p>Mr. Flores plans to continue his university education and attain a degree. Arrangements have been completed so that he may work in the Agency on a part time basis beginning in January 1965. He will attend classes at a local university as a full time student.</p>			
<p>Mr. Flores was promoted from GS-04 to GS-05 on 16 March 1964. He has been performing duties at the GS-06 level, and he should be promoted. (see page two)</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
6 April 1965	[Signature]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION		IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
15 months			
DATE	OFFICIAL TITLE OF SUPERVISOR		TY
6 April 1965	C/WH/SA/CI Ops (WH/C/RR/OS)		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
Concur.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL		
4.4.65	C. WH SA CI (WH C SP)		

SECRET

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- 2 -

Mr. Flores is cost conscious and effective in the use of space, equipment and funds.

Mr. Flores does not hold a supervisory position.

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
<div style="position: absolute; top: 10px; left: 10px; font-size: 2em;">OK</div>				036130	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE 5. SO
FLORES Daniel				Male	GS-4 D
6. OFFICIAL POSITION TITLE			7. OFF. DIV./BR. OF ASSIGNMENT		
Translator			DDP/S.A.S.		
9. CHECK (X) TYPE OF APPOINTMENT			8. CURRENT STATION		
Washington, D.C.					
10. CHECK (X) TYPE OF REPORT			11. REPORTING PERIOD (From - to)		
<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> SPECIAL (Specify): Promotion Recommendation			10 June 1963 to 6 December 1963		
12. DATE REPORT DUE IN O.P.					
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
Translates material from Spanish to English and vice-versa. Translates agent messages.					S
SPECIFIC DUTY NO. 2					RATING LETTER
Performs name traces, analyses, extracts and summarizes obtained information.					P
SPECIFIC DUTY NO. 3					RATING LETTER
Prepares and initiates requests for operational clearances.					P
SPECIFIC DUTY NO. 4					RATING LETTER
Writes and prepares dispatches, cables and memoranda.					A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and pertinent limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

30 DEC 1963

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. <u>Manner of performance of managerial or supervisory duties must be described, if applicable.</u></p> <p>Mr. Flores entered on duty with Special Affairs Staff in June 1963. Due to his proficiency in Spanish he was assigned to translating duties and immediately proved to be an invaluable asset to this office as well as to the Staff as a whole. He worked many late hours and weekends helping to facilitate the flow of translations from this office to the different components within SAS. His performance of these duties can best be characterized as "exceptional" in all degrees.</p> <p>Mr. Flores expressed a desire to move into a position of greater responsibility and this request was readily granted approximately one month ago. He is currently being trained as an intelligence assistant in Ops Support functions and his performance to date has been excellent. In his new duties Mr. Flores requires very little supervision. This can be attributed in part to his degree of intelligence as well as the background he obtained for his present duties while assigned to his previous job in RID/INDEX. Mr. Flores spent approximately one year in his former job and the knowledge he brought with him resulting to name tracing procedures has enabled him to grasp the duties of his new position quite rapidly.</p> <p>As a means of furthering his education Mr. Flores is attending American University at night. He has expressed a desire to obtain some agency training and would like very much to be enrolled in the Intelligence Orientation Course as soon as possible.</p> <p>Mr. Flores entered the agency as a GS-4 in March 1962. It is strongly recommended that he be promoted at the earliest possible date to a GS-5.</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, D, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
17 Dec 1963	Daniel Flores <i>Daniel Flores</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
5 Months			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
17 Dec 1963	CHIEF, SAS/ICS		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
<p>I agree with the assessment of the supervisor, concur in his decision to move Mr. Flores into a position of greater responsibility, and I support the recommendation that Mr. Flores be promoted.</p> <p>Attached is a formal recommendation.</p>			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
17 Dec 1963	CHIEF, SAS/INTL		

SECRET

When Filled In

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) FLORES Daniel		2. DATE OF BIRTH <div></div>	3. SEX M	4. GRADE GS-4	5. SD D
6. OFFICIAL POSITION TITLE File Clerk		7. OFF/DIV/BR OF ASSIGNMENT OPMR/RID/RE/TI		8. CURRENT STATION Hdqrs.	
9. CHECK (X) TYPE OF APPOINTMENT <div><input type="checkbox"/> CARRIER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY</div>		10. CHECK (X) TYPE OF REPORT <div><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):</div>			
11. DATE REPORT DUE IN O.P. 30 April 1963		12. REPORTING PERIOD (From - to) 13 December 1962 - 31 March 1963			
SECTION B PERFORMANCE EVALUATION					
W - Weak		Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.			
A - Adequate		Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.			
P - Proficient		Performance is more than satisfactory. Desired results are being produced in a proficient manner.			
S - Strong		Performance is characterized by exceptional proficiency.			
O - Outstanding		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.			
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Conducts name traces in the Main Index of the Records Integration Division.					RATING LETTER S
SPECIFIC DUTY NO. 2 Fulfills daily and weekly maintenance duties required of all name checkers; e.g., filing, auditing and refiling.					RATING LETTER P
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

APR 23 4 13 PM '63

During this reporting period, Mr. Flores continued to conduct himself in the exceptionally proficient manner which was noted in his 1962 Fitness Report. He is one of ☐ name tracers who specialize in a particular area, a fact which tends to increase the difficulty as well as the responsibility of name tracing. In spite of this burden, Mr. Flores has consistently maintained an above average level of production and an exceptionally high quality in his finished products.

Mr. Flores is a conscientious and highly motivated employee who evidences a sound sense of responsibility. He has frequently voiced a desire to take advantage of any career opportunities the Agency may offer to him. He is currently enrolled as a full-time student at the American University.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE 10 April 1963	SIGNATURE OF EMPLOYEE <i>Shirley D. [Signature]</i>		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 10 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE 10 April 1963	OFFICIAL TITLE OF SUPERVISOR Deputy Chief, RID/EL (H/S)	TY	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE 14 May 1963	OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, RID/EL	TYPE OR PRINTED NAME AND SIGNATURE	

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
				036130	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle) FLORES, Daniel			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-4
5. OFFICIAL POSITION TITLE File Clerk			7. OFF/DIV/BR OF ASSIGNMENT OPCER/RII/RE	8. CURRENT STATION Idgra.	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYER SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 12 January 1963			12. REPORTING PERIOD (From - to) 12 March 1962 - 12 December 1962		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1 Performs name traces of personal and impersonal subjects in the RI/Index.					3
SPECIFIC DUTY NO. 2 Fulfills daily and weekly requirements of maintenance duties; e.g., filing, purging, auditing, and screening of index cards.					P
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

From the outset Mr. Flores has shown many characteristics of an above-average employee. His initial training in the intricacies of his duty assignment was marked by a high degree of application, interest, and achievement. Since that time Mr. Flores has proven himself a conscientious and responsible employee, one whose work record is distinguished by a high calibre of quality and quantity.

Because of his fine record, Mr. Flores was chosen one of the three are specialists for this section. He specializes in the area and his work is characterized by exceptional proficiency.

At present Mr. Flores is registered at American University as a sophomore. Inasmuch as he has exhibited both potentiality and strong working habits, I recommend that Mr. Flores be given the Professional Battery Test at the earliest opportunity.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

3 January 1963

SIGNATURE OF EMPLOYEE

Manuel Flores

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

7 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

3 January 1963

OFFICIAL TITLE OF SUPERVISOR

Deputy Chief, RID/IN (N/S)

TYP

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully concur in the above evaluation.

DATE

3 January 1963

OFFICIAL TITLE OF REVIEWING OFFICIAL

Chief, RID/Index

TYPED

SECRET

SECRET

(When Filled In)

TRAINING EVALUATION--CLERICAL INDUCTION										
SECTION I IDENTIFYING INFORMATION										
NAME OF STUDENT FLORES, Daniel			SEX M	DATES OF ATTENDANCE 12-23 March 1962						
DATE OF BIRTH <div style="border: 1px solid black; width: 100px; height: 20px;"></div>			FOU DATE 12 March 1962	TITLE AND GRADE File Clerk GS-4						
SECTION II CHARACTERISTICS OF THE COURSE										
Each course subject is taught daily for a 5-day period. Students who do not meet Agency standards in shorthand and/or typewriting within this 5-day period receive further instruction in an attempt to meet the established qualifications. The second week of geography instruction is given to students who have not been assigned to their positions. It is possible that not all students will be assigned to every course subject.										
SECTION III OBJECTIVES										
To meet the typewriting criterion based on the scale on the reverse of this page. (For qualification, students must meet this requirement once.) To take dictation at 80 words a minute for 3 minutes and to transcribe with 5 or fewer errors in not more than 20 minutes. (For qualification, students must meet this requirement once.) To recognize errors in grammar and in punctuation and capitalization. To study the politics and the geography of countries of Europe and Asia. (These continents are covered in alternate weeks.) To receive instruction in typing of reproduction masters, making erasures, caring for the typewriter, and utilizing typing shortcuts. To become familiar with the system of filing as outlined in the Agency's "Handbook for Subject Filing."										
SECTION IV QUALIFICATION IN SKILLS										
COURSE PERFORMANCE				QUALIFICATION						
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">QUALIFIED</th> <th rowspan="2" style="padding: 5px;">NOT QUALIFIED</th> </tr> <tr> <th style="padding: 5px;">IN COURSE</th> <th style="padding: 5px;">AT 100</th> </tr> </table>		QUALIFIED		NOT QUALIFIED	IN COURSE	AT 100
QUALIFIED		NOT QUALIFIED								
IN COURSE	AT 100									
TYPEWRITING	WPM 44	ERRORS 15	RET 29		X					
SHORTHAND	WPM	ERRORS	<div style="border: 1px solid black; width: 50px; height: 30px; transform: rotate(45deg); margin: 0 auto;"></div>							
SECTION V RATINGS										
Agency samplings of students' ratings indicate the percentage distribution as noted below. This trainee's rating is marked by the asterisk.										
SUBJECT	POOR	FAIR	SATISFACTORY	EXCELLENT						
GRAMMAR	4%	16% *	51%	27%						
PUNCTUATION AND CAPITALIZATION	20% *	2%	41%	12%						
EXCELLENT - - - thorough knowledge of material presented and above-average performance in meeting course goals. SATISFACTORY - - average knowledge of material presented and adequate performance in meeting course goals. FAIR - - - - borderline knowledge of material presented and limited performance in meeting course goals. POOR - - - - inadequate knowledge of material presented and unsatisfactory performance in meeting course goals.										
SECTION VI FAMILIARIZATION LECTURES										
<input checked="" type="checkbox"/> GEOGRAPHY OF EUROPE		<input type="checkbox"/> GEOGRAPHY OF ASIA		<input checked="" type="checkbox"/> AGENCY FILING SYSTEM						
<input checked="" type="checkbox"/> OFFICE PRACTICE										
SECTION VII COMMENTS										
<p style="margin: 0;">This student was assigned to the class in typewriting at his own request. Because it is not necessary for an individual whose job title is File Clerk to meet Agency standards in typewriting, he was released from training when his final processing was completed.</p>										
CONTINUE COMMENTS ON REVERSE SIDE <input type="checkbox"/> OVER										
FOR THE DIRECTOR OF TRAINING:			SIGNATURE OF CHIEF, CLERICAL INDUCTION TRAINING							

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<u>GROSS WORDS</u>	<u>ERRORS</u>	<u>NET WORDS</u>	<u>GROSS WORDS</u>	<u>ERRORS</u>	<u>NET WORDS</u>
45	5	40	63	14	49
46	6	40	64	14	50
47	6	41	65	15	50
48	7	41	66	15	51
49	7	42	67	16	51
50	7	43	68	16	52
51	8	43	69	16	53
52	9	43	70	16	54
53	9	44	71	17	54
54	9	45	72	18	54
55	10	45	73	18	55
56	10	46	74	19	55
57	10	47	75	19	56
58	10	48	76	20	56
59	11	48	77	20	57
60	12	48	78	20	58
61	12	49	79	21	58
62	13	49	80	21	59

This scale conforms to that used by the Civil Service Commission. The number of errors indicated after the gross is the maximum permissible for that specific number of gross words typed; i.e., an individual who types 60 words per minute would be allowed no more than 12 errors in a 10-minute typewriting test.

SECRET

14-00000

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REPORT OF TEST RESULTS (CLERICAL SKILLS)

NAME FLORES, Daniel (NMI)	TITLE AND GRADE File Clerk GS-4	DATE OF BIRTH <div></div>
DATE 14 March 1962		PERSONNEL OFFICER - IAS

AGENCY STANDARDS

TYPEWRITING The typewriting criterion is based on the scale on the reverse of this page.

SHORTHAND Dictation at 80 words a minute for three minutes and the transcription of the dictated material with five or fewer errors in not more than twenty minutes.

EXAMINEE'S RATINGS

TYPEWRITING: WAM 43 Errors 14 Net 27 Qualified: Yes No X

SHORTHAND: WAM Errors Qualified: Yes No

REMARKS: Training in typewriting recommended if he so desires. It is not necessary for his job title.

CHIEF, CLERICAL INDUCTION TRAINING

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THIS INFORMATION IS FOR AUTHORIZED PERSONS ONLY TEST SCORES ARE NOT TO BE REVEALED TO EXAMINEE.

OFFICE OF TRAINING, ASSESSMENT AND EVALUATION STAFF
EVALUATION OF TEST RESULTS (CLERICAL)

DATE

14 March 1962

NAME

FLORES, Daniel (Jr.)

GRADE AND POSITION

GS-11 File Clerk

PERSONNEL OFFICER

TAS

TEST RESULTS ARE AN INTEGRAL PART OF THE FACT FINDING PHASE OF MOST PERSONNEL OPERATIONS. EVALUATION OF THESE MEASUREMENTS IN RELATION TO OTHER FACTUAL MATERIAL IN THE PERSONNEL RECORD PROVIDES ONE OF THE BASIS FOR THE SELECTION AND PLACEMENT OF APPLICANTS AND FOR COUNSELING WITH NEW EMPLOYEES. HOWEVER, THE DECISION AS TO WHETHER AN INDIVIDUAL CAN AND WILL PERFORM THE DUTIES OF A SPECIFIC JOB MUST REST ON THE JUDGMENT OF THE RECRUITER OR PLACEMENT OFFICER, WHO CONSIDERS ALL ASPECTS OF THE INDIVIDUAL'S ABILITY, BACKGROUND, AND PERSONALITY IN RELATION TO THE REQUIREMENTS OF THE AGENCY.

THIS REPORT EVALUATES THE SUBJECT'S PERFORMANCE BY COMPARING HIS SCORES WITH THOSE OF A NATIONWIDE GROUP OF TWELFTH GRADE STUDENTS OF THE SAME SEX. SPECIFIC APTITUDES ARE IDENTIFIED BY USING A VARIETY OF TESTS RANGING FROM WORK SAMPLES OF FILING AND CHECKING TO MEASURES OF REASONING ABILITY. IN EVALUATING THESE TEST SCORES FOUR GENERAL CONCEPTS SHOULD BE KEPT IN MIND: (1) TESTS ARE MORE EFFECTIVE IN SCREENING OUT POTENTIAL FAILURES THAN IN IDENTIFYING THOSE WHO WILL PERFORM SUCCESSFULLY. (2) PERSONS WHOSE SCORES ARE PREDOMINANTLY IN THE LOWEST 15% GENERALLY ARE NOT SUITED FOR OFFICE WORK. (3) MOST JOBS DO NOT REQUIRE HIGH SCORES ON ALL TESTS, BUT HAVE A RANGE WITHIN WHICH PEOPLE CAN DO THE WORK EFFECTIVELY AND TEND TO REMAIN ON THE JOB. (4) EFFICIENCY IN PLACEMENT NECESSITATES MATCHING THE JOB AND THE INDIVIDUAL; BOTH THOSE WHO ARE OVERQUALIFIED AND THOSE WHO ARE UNDERQUALIFIED ARE LIKELY TO QUIT.

A DESCRIPTION OF THE SIX TESTS IN THE BATTERY IS GIVEN ON THE BACK OF THIS FORM. IN CASES WHERE THE PATTERN OF THE TEST SCORES APPEARS TO INDICATE APTITUDE IN PARTICULAR AREAS THIS WILL BE NOTED IN THE REMARKS SECTION. WHERE RESEARCH STUDIES HAVE BEEN CONDUCTED ON THE RELATIONSHIP OF THE TESTS TO JOB PERFORMANCE THESE COMMENTS WILL RELATE TO SPECIFIC JOBS. THIS SECTION MAY ALSO INCLUDE A BRIEF ANALYSIS OF THE INDIVIDUAL'S POTENTIAL IN RELATION TO HIS INTERESTS AND BACKGROUND.

CONSULTATION OR FURTHER INFORMATION REGARDING INTERPRETATION OF TEST SCORES IS AVAILABLE BY CALLING EXTENSION 8017.

NAME OF TEST	VERY LOW		LOW		AVERAGE		HIGH		VERY HIGH	
	25	50	75	100	125	150	175	200	225	250
CLERICAL SPEED AND ACCURACY							✓			
SPELLING							✓			
SENTENCES					✓					
NUMERICAL ABILITY						✓				
ABSTRACT REASONING						✓				
VERBAL REASONING					✓					

REMARKS:

Mr. Flores should be referred for P&TB, preferably while he is still in the TAS.

FOR DEPARTMENT OF ARMY PRINTS AND COPIES OR CONTAIN SIDE OF THIS REPORT

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A-11A

CERTIFICATION OF LANGUAGE PROFICIENCY IN <u>Spanish A</u>						DATE PREPARED <u>4-1-80</u>	
SSN <u>41610 412612310</u>		NAME (Last-First-Middle) <u>Flores, Daniel</u>		DATE OF BIRTH YEAR MONTH DAY <u>13</u>		GRADE <u>LA</u>	
TYPE CHANGE <u>C</u>		LAW CODE <u>PL18</u>		READING <u>+</u>		SPEAKING <u>5</u>	
				UNDERSTANDING <u>5</u>		DATE TESTED YR MO DA <u>80 3 30</u>	
						TYPE TEST <u>N</u>	
*SEE BACK FOR PROFICIENCY LEVEL DEFINITIONS							
REMARKS <u>Outside Test.</u>							
<div data-bbox="584 893 909 1149" data-label="Text"> <p>CERUAL SYSTEM Updated APR 4 1980 By: <u>[Signature]</u></p> </div>				<div data-bbox="974 1000 1331 1191" data-label="Text"> <p>CHIEF OF TESTING LAB TEST NUMBER <u>42001</u></p> </div>			

FORM 1273 OBSOLETE PREVIOUS
10-79 EDITION

CONFIDENTIAL

RUB 40 YNS PR DATE PREPARED
JRY 4409.2 BY 611056

10-48

PART 1 - INFO SYS. BR.

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE FOR HEADQUARTERS USE ONLY				
NAME OF EMPLOYEE		DATE RECEIVED BY HQ		DATE (MM-DD-YY)
Daniel Flores		22May79		Lawrence Sternfield
DATE RECEIVED AT HEADQUARTERS		SPATIAL NUMBER		HOME BASE COMPONENT
5 June 1979		JMMAT-14447		LA
DATE OF BIRTH	SERVICE DESIGN	CURRENT POSITION AND GRADE	STATION OR RATE	CURRENT COVER
	DQG	Ops Officer, GS-13		
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF PCS ARRIVAL IN FIELD	10. REQUESTED DATE OF DEPARTURE	11. EXPECTED DATE OF FIRST CHECK-IN AT HQ	12. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
February 1978	Operations Officer GS-13	SEE 6A	SEE 6A	
13. NUMBER AND AGE OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Spouse - 43 Daughter - 5				
14. PERSONAL/STUDY FACTORS THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
Child's schooling				
15. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form).				
Liaison Officer in charge of an <input type="checkbox"/> man unit.				
16. TRAINING DESIRED INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				
Training in a third language. Additional management training offered either by the Agency or by a private institution. Consideration for an appointment to a War College.				

15 202

SECRET

U.S. GOVERNMENT PRINTING OFFICE: 1977

SECRET

As noted in 1B below, my first choice for my next assignment is that of Chief of Base in [] or Chief of Base in Latin America. I have served three tours overseas and a four-year tour at Headquarters in Cuban Operations. In the past ten years I have gained experience in technical operation, operations related to the priority and hard targets and, prior to my assignment to [] as supervisor of one of the [] branches in Cuban Operations. In [] my responsibilities consist of the supervision and administration of an [] man unit composed of [] nationals which I manage and direct operationally in coordination with the Government of [] I have been in [] fifteen months.

Should the Chief of Base position in [] become available in the summer of 1980 or 1981 and this job is offered to me, I would be

40. INDICATE IF YOU SEE OR TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. (SEE INSTRUCTIONS PAGE 2) FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES, EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR. *Please see 6A

- ☐ EXTEND TOUR 4-16 MONTHS AT CURRENT STATION TO depending on next assignment (DATE)
- ☐ BE ASSIGNED TO POST FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE War College 2ND CHOICE Management 3RD CHOICE Headquarters Tour
- ☐ BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE REGION, COUNTRY OR AREA OF SPECIALIZATION.
1ST CHOICE [] 2ND CHOICE COB Latin Am 3RD CHOICE Washington, D.C.
- ☐ RETURN TO MY CURRENT STATION.

PREPARE UPDATING OF PERSONAL SECURITY INFORMATION IN ACCORDANCE WITH DDI-F 240-B AND FORWARD UNDER SEPARATE COVER. INDICATE DATE FORWARDED OR TO BE FORWARDED.

TO BE COMPLETED BY FIELD STATION

7. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Based upon Subject's experience both prior to and during his current tour, his requests for assignment as stated by him are very reasonable. I fully endorse his requests.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

8. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

DATE

SIGNATURE

FOR USE BY CARRIER SERVICE

9. APPROVED ASSIGNMENT

10. EMPLOYEE NOTIFIED BY

DATE

CABLE NO.

DATE

CARRIER SERVICE REPRESENTATIVE

DATE

SECRET

S E C R E T

CA Continued. . .

amenable to an extension in [] for a period of 12 to 16 months depending on the timing of the assignment. If I were to be assigned to a country where an additional language is needed, time for language training should be taken into consideration.

In the event that a position as Chief of Base does not become available within the next year or two, my second choice is to be considered for a War College either for calendar year 1980 or 1981. This would enable me to more fully participate in the Agency's rotational program and would provide me with a higher level of training needed for career mobility in the Agency.

My third choice is to be considered as a candidate for the agency's management program at one of the participating Universities in the United States with the intention of accepting a field assignment immediately after the termination of this training. I am prepared to make all the necessary arrangements toward this end (i.e., applying for admission, etc.) provided a list of Universities is furnished to me.

As noted above, I am willing to remain in [] through the summer of 1981 if my first choice is approved. In the event that my first choice cannot be granted I would be available to return to the United States in the summer of 1980 to prepare for my second or third choice. Should my second or third choice not be granted, I would prefer to return to the United States for an assignment in Washington.

S E C R E T

ADMINISTRATIVE
Internal Use Only

C 10

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

7-24

036130

Flores

Daniel

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFF NO. 59, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	ONLY		
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42
0	2	1	5	7	8		1			4 5 0

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE	ONLY		
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

IN 0326885

DOCUMENT DATE PERIOD

2/15/78

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO	DATE	SIGNATURE
C & L DIVISION, CTRD.	2/23/78	
C & P DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 1451a

ADMINISTRATIVE-Internal Use Only

(4-10)

Return to [unclear]
by 16 Jan

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(When Filled In)

NOTE TO OUTGOING PCS TRAVELERS

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 9 July 1970.

DANIEL FLORES
NAME
(Please Print)

[Signature]
SIGNATURE

Jan 30, 1978
DATE

FORM 3661
5-74

CONFIDENTIAL

E2, IMPDET CL. BY: 007622 (4)

CONFIDENTIAL
(When Filled In)

NOTE TO OUTGOING PCS TRAVELERS

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MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 9 July 1970.

Daniel Flores
NAME
(Please Print)

[Signature]
SIGNATURE

14 Nov. 1977
DATE

FORM 3661
5-74

CONFIDENTIAL

E2, IMPDET CL. BY: 007622 (4)

SECRET
(When Filled In)

SERVICE ABROAD AGREEMENT

I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO REPLENISH YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE

Daniel Flores

50

D

II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS

XX

C. NONSTANDARD TOUR OF DUTY OF _____ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYEE SIGNING THIS AGREEMENT. (See HR 20-18)

REQUESTED (When Offered)

OPERATING OFFICIAL

B. NONSTANDARD TOUR OF DUTY OF _____ MONTHS PREVIOUSLY APPROVED PER HR 20-18.

OPERATING OFFICIAL

J. H. H. P. H. CJA/PERS

CONCUR

CAREER SERVICE

REPORTS DIRECTING

APPROVED

DIRECTOR OF PERSONNEL

III. PERMANENT PLACE OF RESIDENCE

3. YOUR PERMANENT PLACE OF RESIDENCE IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO HR 22. THE DESIGNATION SHALL BE SET IN YOUR OFFICIAL PERSONNEL FOLDER.

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE SERVICE AGREEMENT, YOU SHALL INDICATE THE PLACE WHERE YOU PREVIOUSLY RESIDED IN THE UNITED STATES, THE COUNTRY OF ORIGIN OF YOUR HOUSEHOLD AND PERSONAL EFFECTS AT THE TIME OF YOUR ARRIVAL ABROAD, AND THE COUNTRY OF ORIGIN OF YOUR HOUSEHOLD AND PERSONAL EFFECTS AT THE TIME OF YOUR ARRIVAL ABROAD. YOU SHALL ALSO INDICATE THE PLACE OF YOUR PERMANENT RESIDENCE IN THE UNITED STATES, AND THE PLACE OF YOUR PERMANENT RESIDENCE IN THE UNITED STATES. YOU SHALL ALSO INDICATE THE PLACE OF YOUR PERMANENT RESIDENCE IN THE UNITED STATES, AND THE PLACE OF YOUR PERMANENT RESIDENCE IN THE UNITED STATES. YOU SHALL ALSO INDICATE THE PLACE OF YOUR PERMANENT RESIDENCE IN THE UNITED STATES, AND THE PLACE OF YOUR PERMANENT RESIDENCE IN THE UNITED STATES.

FORM 3154

SECRET

82 (REVISED) 11-80 6400-10

1-107-0000-00-000-0000

SECRET
(when filled in)

5. PHYSICAL DWELLING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof) FULL ADDRESS <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 10px;"></div> <p align="center" style="font-size: 1.2em; margin-top: 10px;"><i>VIENNA, VIRGINIA 22140</i></p>		6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 5) FULL ADDRESS <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>									
<div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <p align="center" style="margin-bottom: 5px;">APPROVED</p> <div style="border: 1px solid black; height: 30px; width: 100%; margin-bottom: 5px;"></div> <p align="center" style="margin-bottom: 5px;">DATE <i>11/9/78</i></p>		<p align="center" style="margin-bottom: 5px;">CONCUR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">DEPUTY DIRECTOR</td> <td style="width: 30%; padding: 2px;">DATE</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table> <p align="center" style="margin-bottom: 5px;">APPROVED</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">DIRECTOR OF PERSONNEL</td> <td style="width: 30%; padding: 2px;">DATE</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>		DEPUTY DIRECTOR	DATE			DIRECTOR OF PERSONNEL	DATE		
DEPUTY DIRECTOR	DATE										
DIRECTOR OF PERSONNEL	DATE										
IV. HOME LEAVE POINT											
7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE. 8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-308(31)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.											
9. DESIGNATION PER ITEM 7 ABOVE FULL ADDRESS <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div> <p align="center" style="font-size: 1.2em; margin-top: 10px;"><i>PORTLAND, OREGON</i></p>		10. DESIGNATION PER ITEM 8 ABOVE. FULL ADDRESS <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>									
RELATIONSHIP OF RELATIVE AT HOME LEAVE POINT <p align="center" style="font-size: 1.2em; margin-top: 10px;"><i>IN-LAWS</i></p>		<p align="center" style="margin-bottom: 5px;">CONCUR</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">DEPUTY DIRECTOR</td> <td style="width: 30%; padding: 2px;">DATE</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table> <p align="center" style="margin-bottom: 5px;">APPROVED</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">DIRECTOR OF PERSONNEL</td> <td style="width: 30%; padding: 2px;">DATE</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>		DEPUTY DIRECTOR	DATE			DIRECTOR OF PERSONNEL	DATE		
DEPUTY DIRECTOR	DATE										
DIRECTOR OF PERSONNEL	DATE										
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<p align="center">EMPLOYEE CERTIFICATION</p> <p>I have read and understand my service obligations and travel entitlements as specified in this agreement.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> </div> <div style="width: 35%; text-align: right;"> <p><i>11/9/78</i></p> </div> </div>											

SECRET

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD															
TO: Office of Personnel, Transactions and Records Branch, Status Section															
SERIAL NO.			NAME												
			LAST				FIRST				MIDDLE				
1-8			(Print)				7-24								
036130			FLORES				DANIEL								
INSTRUCTIONS															
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. '98. REVISED.															
PCS DATES OF SERVICE															
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY			CODE	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE					CODE	
28-28	27-28	29-30	31-31	32-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			27	38	39				40-42
TDY DATES OF SERVICE															
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)			CODE	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE					CODE	
29-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 3 - CORRECTION 4 - CANCELLATION			27	38	39				40-42
03	08	77	03	11	77				2						120
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA															
SOURCE DOCUMENT AND CERTIFICATION															
TRAVEL VOUCHER					DISPATCH										
CABLE					DUTY STATUS OR TIME AND ATTENDANCE REPORT										
OTHER (Specify)															
DOCUMENT IDENTIFICATION NO. 6A10-77										DOCUMENT DATE/PERIOD 3/8-3/11/77					
REMARKS															
PREPARED BY					REPORT SUBMITTED ON					ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT EDITED					
DATE 3/11/77					SIGNATURE										
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER															

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

1-24

036130

FLORES

DANIEL

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 98, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39
									40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39
02	04	77	02	06	77	2		WESTERN HEMISPHERE	40-42

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

LA 10-77

DOCUMENT DATE/PERIOD

2/3-2/6/77

REMARKS

PREPARED BY	REPORT SUBMITTED TO	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DATE	DATE	
1 - D. DIVISION, LTGO.	DATE	
2 - D. DIVISION	DATE	

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

10514

ADMINISTRATIVE-Internal Use Only

10-101

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST (Print)	FIRST I-24	MIDDLE
036130	FLORES	DANIEL	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 56, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42
04	12	77	04	15	77		2			120

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS, OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. LA 10-77	DOCUMENT DATE/PERIOD 4/12 - 4/15/77
---	--

REMARKS

PREPARED BY [Signature]	<input checked="" type="checkbox"/> REPORT SUBMITTED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DATE 7/14/77	SIGNATURE [Signature]	

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14510

ADMINISTRATIVE-Internal Use Only

(2-10)

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(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION GIVEN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLANKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HRP 20-7 PERSONNEL EMERGENCY AND EVACUATION RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE (Last) (First) (Middle)
Flores Daniel

1. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED
 IF MARRIED, PLACE OF MARRIAGE **Lima, Peru** DATE OF MARRIAGE **18 Nov 1960**
 IF DIVORCED, PLACE OF DIVORCE DECREE **N/A** DATE OF DECREE

2. MEMBERS OF FAMILY

NAME OF SPOUSE **[Redacted]** ADDRESS (No., Street, City, State, Zip Code) **Vienna, Va. 22180** TELEPHONE NO. **573-0797**
 NAME OF CHILDREN **[Redacted]** ADDRESS **Vienna, Va. 22180 F** SEX **[Redacted]** DATE OF BIRTH **[Redacted]**

NAME OF FATHER (or male guardian) **[Redacted]** ADDRESS **Gonzales, Texas 78629** TELEPHONE NO. **512-672-6061**
 NAME OF MOTHER, INCLUDING MARIEN NAME (if female guardian) **N/A** ADDRESS **[Redacted]** TELEPHONE NO.

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

None

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 27-15). SPECIFY NAMES AND RELATIONSHIPS.

NAME **N/A** DATE OF BIRTH **[Redacted]** RELATIONSHIP **[Redacted]**

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Last, First, Middle) (Last-First-Middle) **Mr. [Redacted]** RELATIONSHIP **Brother-in-law**
 HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE **Seguin, Texas 78155** HOME TELEPHONE NUMBER **512-379-1087**
 BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE **Seguin School District** BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

[Redacted] YES ☐ NO ☒

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

[Redacted] - **[Redacted]** **Vienna, Va. 22180** YES ☐ NO ☒

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why on item 6.)

[Redacted] YES ☐ NO ☒

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONFIDENTIAL

(When filled in)

5. VOLUNTARY ENTRIES			
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p> <p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p align="center" style="margin-top: 10px;"> Riggs National Bank Joint account: Daniel and/or Flores </p>			
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, DO YOU HAVE A JOINT ACCOUNT?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. (If "Yes" where is document located?)
<p align="center">At home. New is being prepared.</p>			
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)	
		Mr. and Mrs. 	
HAVE YOU EXECUTED A POWER OF ATTORNEY?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS			
7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY <i>(No Approval Required)</i>			
RESIDENCE WHEN EMPLOYED (Full Address)		PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)	
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3) <i>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)</i>			
FULL ADDRESS		DEPUTY DIRECTOR OR LESSEE	DATE
		DIRECTOR OF PERSONNEL (when applicable per HR 22-3)	DATE
SIGNED AT:		DATE:	
Daniel Flores		Dec 30 1977	
SIGNATURE			

CONFIDENTIAL

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
026130	FLICK	DANIEL	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
12	14	77	12	15	77		2			120

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> C & L DIVISION, CTBB.	DATE 2/1/73	SIGNATURE
<input checked="" type="checkbox"/> C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME				
	LAST	FIRST	MIDDLE		
1-8	(Print)	7-14			
026130	FLORIS	DANIEL			
INSTRUCTIONS					
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 99, REVISED.					
PCS DATES OF SERVICE					
ARRIVAL O/S			DEPARTURE O/S		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
25-26	27-28	29-30	31-32	33-34	35-36
			TYPE OF DATA 1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION		
			CODE	O/P USE ONLY	COUNTRY
			37	38 39	
					CODE
					40-42
TDY DATES OF SERVICE					
ARRIVAL O/S			DEPARTURE O/S		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
25-26	27-28	29-30	31-32	33-34	35-36
			TYPE OF DATA 2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION		
			CODE	O/P USE ONLY	AREA(S)
			37	38 39	
					CODE
					40-42
01	16	78	01	19	78
			2		WESTERN H. 811
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA					
SOURCE DOCUMENT AND CERTIFICATION					
<input checked="" type="checkbox"/> TRAVEL VOUCHER			<input type="checkbox"/> DISPATCH		
<input type="checkbox"/> CABLE			<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT		
<input type="checkbox"/> OTHER (Specify)					
DOCUMENT IDENTIFICATION NO.			DOCUMENT DATE/PERIOD		
REMARKS					
PREPARED BY		REPORT ANNOTATED ON CONTROL DOCUMENT		ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED	
NCO		DATE		SIGNATURE	
C & L DIVISION, CTBB.		2/6/78			
C & T DIVISION					
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER					

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ASROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

7-28

026130

FLORES

DANIEL

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42

TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREAS	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - TOY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42
10	28	77	11	03	77		2			WESTERN HEMISPHERE	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.


DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT ANNOTATED IN CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> OCO <input checked="" type="checkbox"/> C & L DIVISION CYBB <input type="checkbox"/> C & T DIVISION	DATE 1/23/78	SIGNATURE

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

CONFIDENTIAL

SE TRAINING REPORT		SOVIET/EAST EUROPEAN OPERATIONS COURSE	
STUDENT Flores, Daniel		YEAR OF BIRTH <input type="text"/>	GRADE GS-12
ECO DATE March 1962	OFFICE LA	SERVICE DESIGNATION D	COURSE DATES 7 - 15 November 1977
<p align="center">COURSE OBJECTIVES</p> <p>To orient the student on the special nature of the Directorate of Operation's Soviet/East European target and to examine the application of clandestine methods for collecting information on assessing and preparing recruitment operations against Soviet/East European personalities.</p>			
<p align="center">ACHIEVEMENT RECORD</p> <p>This is a certificate of attendance. No evaluation is made of individual performance in the course.</p>			
<p align="right">  SE Training Officer </p>			

FORM 3687 OBSOLETE PREVIOUS EDITIONS

CONFIDENTIAL

E-2, IMPDET CI. BY. 059524 (04-43)

CONFIDENTIAL

OFFICE OF TECHNICAL SERVICES

BEHAVIORAL ACTIVITIES BRANCH

[Redacted]

1. This certifies that Daniel Flores - LA has completed five days of training in the course, [Redacted]
[Redacted]

2. Primary goals of the course are to familiarize Agency case officers with [Redacted]
[Redacted]

3. This is a certificate of attendance only. Student achievement was not evaluated.

[Redacted]

OIS/Training Branch

E2 IMPDET CL BY 019432

CONFIDENTIAL

S-E-C-R-E-T

TRAINING REPORT/CERTIFICATION OF HANDGUN QUALIFICATIONTITLE: Countering Terrorist Tactics Course No. 16-77 DATES: 19-23 September 1977STUDENT: FILOFF, Daniel OFFICE: IA SD: DPURPOSE AND SCOPE OF COURSE:

(S) This course stressed countermeasures to thwart terrorist acts against U.S. personnel abroad.

PERFORMANCE RECORD:

(U/ALUO) This is to certify that the student has satisfactorily completed the prescribed course of instruction.

HANDGUN QUALIFICATION:

(C) Student completed 24 hours of instruction on handguns at the [redacted] on 23 September 1977; subsequently fired the Handgun Qualification test achieving a score of:

Revolver (Cal. - .38) 289Automatic (Cal. - 9mm) 255

out of a possible 300.

(U/ALUO) The student demonstrated satisfactory application of safety procedures; mechanical aptitude; marksmanship techniques; and maintenance during range firing/classroom sessions; and is qualified to use the handguns (or similar guns) listed above.

FOR THE DIRECTOR OF TRAINING:

[redacted]
Chief, Special Activities Branch/OTD9/26/77
Date

S-E-C-R-E-T

E2 IMPDET
CL by 056382

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO	NAME		
1-5	LAST (Print)	FIRST	MIDDLE
016136	Lynn	David	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CASE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (ONE ONLY). REPORT DATES BY USING THE MONTH AND THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. SB. 885520

2.2. DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USF ONLY	COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	CODE			CODE
25-26	27-29	79-80	31-32	33-34	35-36	2 - CORRECTION	37	38	39	40-42
						5 - CANCELLATION				

104 DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE			CODE
33-36	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CONNECTION 6 - CANCELLATION	37	38 39		40-42
1	2	0	1	2	0		2			1 2 0

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

✓ TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
B7C 1A-2-77	1-2-76 25-30 Sept 77
REMARKS	

FORWARDED BY		REPORT ASSOCIATED TO CONTROL NUMBER	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
BY			
18 SEP 60	DATE	SIGNATURE	

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

1-6

(Print)

7-28

056150

Flannery

Donald

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	CODE				CODE	
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		ARTICLE	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	CODE				CODE	
26-28	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39		40-42
2	1	1	7	7	0	1	2	2	7	7	
							2			W 11	1

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

411-10-77

DOCUMENT DATE/PERIOD

1 Dec 76 to 30 Sept 77

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCM	DATE	SIGNATURE
C B L DIVISION, CTBB.	21.2.77	
C B L DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD												
TO: Office of Personnel, Control Division, Statistical Reporting Branch												
SERIAL NO. 1-0 036130		NAME										
		LAST (Print) FLORES			FIRST 7-24 DANIEL				MIDDLE			
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION			CODE	37 38 39 40-42		
25-26	27-28	29-30	31-32	33-34	35-36				37			38
TDY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION			CODE	37 38 39 40-42		
25-26	27-28	29-30	31-32	33-34	35-36				37			38
02	09	77	02	18	77				2	120		
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
<i>per. Jague 5467</i>												
SOURCE DOCUMENT AND CERTIFICATION												
<input checked="" type="checkbox"/> TRAVEL VOUCHER <input type="checkbox"/> CABLE <input type="checkbox"/> OTHER (Specify)						DISPATCH DUTY STATUS OR TIME AND ATTENDANCE REPORT						
DOCUMENT IDENTIFICATION NO. LA 10-77						DOCUMENT DATE/PERIOD 2/9 - 2/18/77						
REMARKS												
PREPARED BY				REPORT ANNOTATED ON CONTROL DOCUMENT				ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED				
<input checked="" type="checkbox"/> C & L DIVISION, CTRD. <input checked="" type="checkbox"/> C & T DIVISION				DATE 3/25/77				SIGN 				
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO. 1-6 036130	NAME		
	LAST (Print) FLORES	FIRST 7-28 DANIEL	MIDDLE

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
02	22	77	02	25	77		2			120

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. **LA 10-77** DOCUMENT DATE/PERIOD **2/22-2/25/77**

REMARKS

PREPARED BY	REPORT SUBMITTED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCO		
<input checked="" type="checkbox"/> C & L DIVISION, CYON.	DATE 3/25/77	SIGNATURE
<input checked="" type="checkbox"/> C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

036130 FLORES DANIEL

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 33, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38-39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38-39		40-42
03	03	77	03	05	77		2		WESTERN HEMISPHERE	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

LA 10-77

DOCUMENT DATE/PERIOD

3/3-3/5/77

REMARKS

PREPARED BY	REPORT SUBMITTED BY	ADDITIONAL DATA CERTIFIED CORRECTLY BASED UPON SOURCE DOCUMENT
100	DATE	
100	3/25/77	

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14-00000

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CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HDB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE (Last) **Flores** (First) **Daniel** (Middle)

1. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE

Lima, Peru

DATE OF MARRIAGE

18 Nov 1960

IF DIVORCED, PLACE OF DIVORCE DECREE

DATE OF DECREE

2. MEMBERS OF FAMILY

NAME OF SPOUSE ADDRESS (No. Street, City, State, Zip Code) TELEPHONE NO.

Vienna, Va.

573-0797

NAMES OF CHILDREN

ADDRESS

22180

SEX

DATE OF BIRTH

(Same as above)

F

NAME OF FATHER (or male guardian)

ADDRESS

TELEPHONE NO.

NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian)

ADDRESS

TELEPHONE NO.

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

Mr. [redacted] - Brother-in-law

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HDB 22-15). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP
Mr. [redacted]		Brother-in-law

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr. Mrs. Miss) **Mr. [redacted]** RELATIONSHIP **Brother-in-law**

HOME ADDRESS (No. Street, City, State, Zip Code) and HOME TELEPHONE NO. (If Applicable) **Seguin, Tex. 78155** **512-379-1087**

BUSINESS ADDRESS (No. Street, City, State, Zip Code) and HOME TELEPHONE NO. (If Applicable) **Seguin School District System**

IF THE ABOVE LISTED NAME ABOUT DISTANCE OF YOUR RESIDENCE INDICATES THAT YOUR NAME AND ADDRESS OF ORGANIZATION BE SPECIFIED ON THE OTHER SIDE

IF YOU ARE THE ONLY PERSON WHO MAY BE CONTACTED IN THE EVENT OF AN EMERGENCY, CHECK THE BOX AND SIGNATURE OF THE PERSON WHO MAY BE CONTACTED IN THE EVENT OF AN EMERGENCY

[redacted] - Spouse

IF YOU HAVE A POWER OF ATTORNEY, SIGN THAT YOU HAVE BEEN NOTIFIED OF YOUR OBLIGATIONS, OR SIGNATURE OF THE PERSON WHO MAY BE CONTACTED

IF YOU HAVE A POWER OF ATTORNEY, SIGN THAT YOU HAVE BEEN NOTIFIED OF YOUR OBLIGATIONS, OR SIGNATURE OF THE PERSON WHO MAY BE CONTACTED

IF YOU HAVE A POWER OF ATTORNEY, SIGN THAT YOU HAVE BEEN NOTIFIED OF YOUR OBLIGATIONS, OR SIGNATURE OF THE PERSON WHO MAY BE CONTACTED

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IF YOU HAVE A POWER OF ATTORNEY, SIGN THAT YOU HAVE BEEN NOTIFIED OF YOUR OBLIGATIONS, OR SIGNATURE OF THE PERSON WHO MAY BE CONTACTED

CONFIDENTIAL

CONFIDENTIAL

(When Filled In)

5. VOLUNTARY ENTRIES	
Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.	
INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.	
ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)	
HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)	
HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes", who possess the power of attorney?)	
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS	
7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY (No Approval Required)	
RESIDENCE WHEN EMPLOYED (Full Address)	PERMANENT PLACE OF RESIDENCE AS DEFINED IN NR 22-2 (Full Address)
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See NR 22-2) (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)	
FULL ADDRESS	DEPUTY DIRECTOR OR DESIGNATE
	DATE
	CLASSIFICATION OF PERSONNEL (When Applicable) (See NR 22-2)
SIGNATURE OF	SIGNATURE
<i>H. J.</i>	<i>151</i>

CONFIDENTIAL

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(When Filled In)

REPORT OF SERVICE ABROAD																				
TO: Office of Personnel, Control Division, Statistical Reporting Branch										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILE PURCHASED BY 4 </div>										
SERIAL NO.		NAME																		
		LAST		FIRST				MIDDLE												
036130		FLORES		DANIEL																
INSTRUCTIONS																				
<small>USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFF NO. 98, REVISED.</small>																				
PCS DATES OF SERVICE																				
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY									
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			1977 27 28 29		CODE 40-42									
25-26	27-28	29-30	31-32	33-34	35-36															
TDY DATES OF SERVICE																				
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)									
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION			1977 27 28 29		CODE 40-42									
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OFFICE OF PERSONNEL USE ONLY - PUNCH AREA																				
SOURCE DOCUMENT AND CERTIFICATION																				
TRAVEL VOUCHER						DISPATCH														
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT														
OTHER (Specify)																				
DOCUMENT IDENTIFICATION NO. 870-7-76						DOCUMENT DATE / PERIOD April 26 - May 9 76														
REMARKS																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PREPARED BY</td> <td>REPORT SUBMITTED TO</td> <td>ADJUTANT GENERAL CERTIFICATION (CABLE) BASED UPON SOURCE DOCUMENT FILED</td> </tr> <tr> <td>DATE</td> <td>DATE</td> <td>SIGNATURE</td> </tr> <tr> <td>6-8-76</td> <td>6-8-76</td> <td></td> </tr> </table>												PREPARED BY	REPORT SUBMITTED TO	ADJUTANT GENERAL CERTIFICATION (CABLE) BASED UPON SOURCE DOCUMENT FILED	DATE	DATE	SIGNATURE	6-8-76	6-8-76	
PREPARED BY	REPORT SUBMITTED TO	ADJUTANT GENERAL CERTIFICATION (CABLE) BASED UPON SOURCE DOCUMENT FILED																		
DATE	DATE	SIGNATURE																		
6-8-76	6-8-76																			
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER																				

FORM 1451a (Rev. 1-76)

SECRET

(10-14)

C-O-N-F-I-D-E-N-T-I-A-L

TRAINING REPORT

Instructor Training Workshop

Student: Flores, Daniel

Office: OTR

Year of Birth:

SD: D

Grade: GS-12

EOD Date: 1962

Number of Students Enrolled:

Date of Course: 7/26 - 8/8/76

COURSE OBJECTIVES--CONTENT AND METHODS

The Workshop objectives provide participants with a knowledge of the major principles, methods, and practices of effective instruction, and an opportunity to develop skills as an instructor by applying this knowledge in an instructional setting. Participants are able to analyze their audience and teaching objectives, prepare lesson plans, effectively present the material to be learned, and then evaluate the results of their training efforts.

The instruction required maximum student involvement with major emphasis on the application of instructional methods in the students presentation of units of instruction. Students were not graded during the Workshop, but they were constructively evaluated by the instructor and fellow participants both verbally and through the use of video tape.

Students were required to give a fifteen-minute lecture, a twenty-minute demonstration, and a fifty-minute lesson in his basic subject.

ACHIEVEMENT RECORD

This is a certificate of attendance only, since examinations are not used in the course.

FOR THE DIRECTOR OF TRAINING11/10/76
DATE
Chief Instructor

E 2 IMPDET CL BY G10628

C-O-N-F-I-D-E-N-T-I-A-L

ADMINISTRATIVE
Internal Use Only

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REPORT OF SERVICE ABROAD														
TO: Office of Personnel, Control Division, Statistical Reporting														
SERIAL NO.		LAST			FIRST			NAME			MIDDLE			
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INSTRUCTIONS														
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 98, REVISED.														
PCS DATES OF SERVICE														
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			CODE		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	2 - CORRECTION	3 - CANCELLATION	27	28	29	CODE		
25-26	27-28	29-30	31-32	33-34	35-36							40-42		
TDY DATES OF SERVICE														
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			CODE		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - TDY (Basic)	2 - CORRECTION	3 - CANCELLATION	27	28	29	CODE		
25-26	27-28	29-30	31-32	33-34	35-36							40-42		
07	16	75	07	19	75				2			LA 811		
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA														
SOURCE DOCUMENT AND CERTIFICATION														
<input checked="" type="checkbox"/> TRAVEL VOUCHER						DISPATCH								
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT								
OTHER (Specify)														
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD								
REMARKS														
PREPARED BY						REPORT ANNOTATED ON CONTROL DOCUMENT				ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED				
B & L DIVISION, CTDR.						DATE 11/21/75				SIGNATURE				
I & T DIVISION														
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER														

FORM 1451a-1 (1-75)
2-74 1451a-1

ADMINISTRATIVE-Internal Use Only

(4-10)

ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

**FILE
PUNCHED
BY:**

SERIAL NO. 1-5	NAME	
	LAST (PRINT)	FIRST 7-24
036130	FLORES	DANIEL

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Use only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 38, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39	LATIN AMERICAN	40-42
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OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
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REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
<input checked="" type="checkbox"/> C & L DIVISION, CTRD. <input type="checkbox"/> C & T DIVISION		
DATE	SIGNATURE	
12/1/75	[Signature]	

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

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(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel Control Division, Statistical Reporting Branch

SERIAL NO.

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F L O R E S

7-24 DANIEL

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY			COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36		37	38	39		40-42
						1 - PCS (Basic)					
						3 - CORRECTION					
						5 - CANCELLATION					

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MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36		37	38	39	40-42
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OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER

DISPATCH

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DUTY STATUS OR TIME AND ATTENDANCE REPORT

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY

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ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE
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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting By

**FILE
PUNCHED
BY**

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

036130

FLORES

DANIEL

INSTRUCTIONS

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ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
10	15	75	10	22	75		2		WESTERN HEM.	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify):	

DOCUMENT IDENTIFICATION NO.

LA-145-76

DOCUMENT DATE/PERIOD

10/15-22/75

REMARKS

PREPARED BY	REPORT ANNOTATED TO CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
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✓ C & L DIVISION, CTOR.		
C & P DIVISION		

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-6 036130	(Print) FLORES	7-24 DANIEL	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (*One only*). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

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ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37 38 39		40-42

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ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR				
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37 38 39		40-42
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OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

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<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

LA 166-76

DOCUMENT DATE/PERIOD

OCT 30 - NOV 4-75

FORM-503

PREPARED BY	REPORT SUBMITTED ON	ADDITIONAL DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT #1230
DATE	DATE	

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REPORT OF SERVICE ABROAD															
TO: Office of Personnel, Control Division, Statistical Report															
SERIAL NO.			NAME												
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ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			D/P USE ONLY		COUNTRY			CODE	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	2 - CORRECTION	3 - CANCELLATION	37	38	39				40-42
25-26	27-28	29-30	31-32	33-34	35-36										
TDY DATES OF SERVICE															
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			D/P USE ONLY		AREA(S)			CODE	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - TDY (Basic)	2 - CORRECTION	3 - CANCELLATION	37	38	39				40-42
25-26	27-28	29-30	31-32	33-34	35-36										
08	16	75	09	02	75				2						
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA															
SOURCE DOCUMENT AND CERTIFICATION															
TRAVEL VOUCHER						DISPATCH									
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT									
OTHER (Specify)															
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD									
REMARKS															
PREPARED BY						REPORT SUBMITTED BY				ABOVE DATA CERTIFIED CORRECT. BASED UPON SOURCE DOCUMENT ENTERED					
DATE						DATE				SIGNATURE					
08/16/75						09/02/75				JAMES L ELSON					
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER															

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(When Filled In)

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REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical ~~Branch~~ ^{Branch}

SERIAL NO.

036130

LAST

(Print)

Flores

FIRST

7-24

Daniel

NAME

BY

MIDDLE

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

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MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42

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MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38	39		40-42
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OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT SUBMITTED BY	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
SGO	DATE 5/5/75	SIGNATURE
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<input type="checkbox"/> C & I DIVISION		

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 14510 PREVIOUS EDITIONS OBSOLETE

SECRET

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SECRET

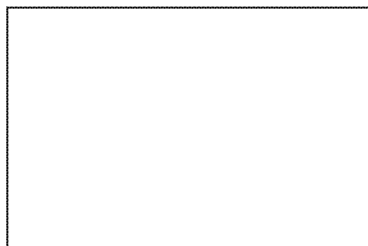
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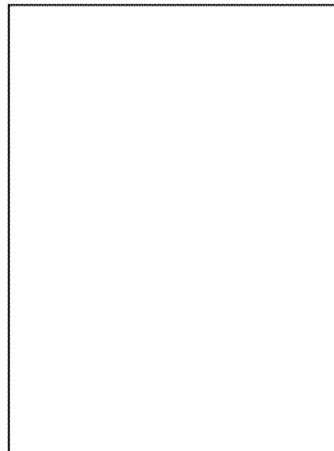
MEMORANDUM FOR THE RECORD

SUBJECT: Meritorious Unit Citation -- Cuban Operations Group,
Latin America Division

On 13 November 1975 the Director of Central Intelligence approved award of the Meritorious Unit Citation to the Cuban Operations Group in recognition of the outstanding performance of the following employees from 1 October 1974 to 30 September 1975:



Daniel Flores



R. L. Austin, Jr.
Recorder

Honor and Merit Awards Board

Distribution:

- 1 - Each OFF
- 1 - C/LA
- 1 - Recorder/HMAB
- 1 - Exec Sec/HMAB

SECRET

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ADMINISTRATIVE
Internal Use Only

REPORT OF SERVICE ABROAD

**FILE
PUNCHED
BY/5/**

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO. 1-9	NAME		
	LAST	FIRST	MIDDLE
	(Print)	1-24	
36130	FLORES	DANIEL	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only one). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/S USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38-39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/S USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38-39		40-42
07	04	75	07	14	75		2		WH	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT APPROVED BY	ABOVE DATA CERTIFIED CORRECT - BASED UPON SOURCE DOCUMENT CITIES
1. B. DIVISION	DATE	SIGNATURE
	7/15/75	

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(When Filled In)

FILE

POSTED
BY/6

REPORT OF SERVICE ABROAD

TO:

Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO. -

NAME

LAST

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MIDDLE

036130

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Daniel

INSTRUCTIONS

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ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	CODE	37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	3 - CORRECTION					40-42
			03	05	74	3 - CANCELLATION	1				570

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	2 - TDY (Basic)	CODE	37	38	39	CODE
25-26	27-28	29-30	31-32	33-34	35-36	4 - CORRECTION					40-42
						5 - CANCELLATION					

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
<input checked="" type="checkbox"/> CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 185131	DOCUMENT DATE/PERIOD
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REMARKS

PREPARED BY	REPORT APPROVED BY	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DCR	DATE 3/28/74	SIGNATURE
C & L DIVISION, CTDR.		
C & L DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
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Internal Use Only

S/E

REPORT OF SERVICE ABROAD

**FILE
PUNCHED
BY**

TO: Office of Personnel, Control Division, Statistical Reporting

SERIAL NO.

NAME

LAST

FIRST

MIDDLE

036130

(PRINT)

FLORES

1-24

DANIEL

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38	39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA		O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR		CODE				CODE
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38	39		40-42
10	05	74	10	07	74		2			Europe	801

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

WH 119-75

DOCUMENT DATE/PERIOD

10/4 - 10/2/74

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE
DATE	12/23/74	SIGNATURE

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

FORM 1451a

ADMINISTRATIVE-Internal Use Only

(4-10)

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

**FILE
CANCELED
BY 12**

SERIAL NO. 1-6	NAME	
	LAST (Print)	FIRST 7-26
022 32	FLORES	JOSE LUIS

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 50, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
07	07	74	07	11	74		2		USFI	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE/PERIOD

REMARKS

PREPARED BY	REPORT ANNOTATED ON (CONTROL DOCUMENT)	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DEC	DATE	SIGNATURE
C & A DIVISION, CTRD.	9/10/74	[Signature]
C & V DIVISION		

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IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

**FILE
PUNCHED
BY**

TO: Office of Personnel, Control Division, Statistical Reporting

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
1-6 036130	(Print) FLORES	1-24 DANIEL	

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58 REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 3 - CORRECTION 5 - CANCELLATION	37	38 39		40-42

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37	38 39		40-42
06	13	74	06	21	74		2		WA	P/1

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. 6A 542-74	DOCUMENT DATE/PERIOD 6/13-6/14/74
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REMARKS

PREPARED BY	<input checked="" type="checkbox"/> I certify submission as correct and complete	DATE	SOURCE DATA (ENTERED CORRECTLY BASED ON SOURCE DOCUMENT)
DATE	DATE	SIGNATURE	

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

14-00000

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ADMINISTRATIVE
Internal Use Only

S/E

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Control Division, Statistical Reporting Branch

SERIAL NO.

NAME

036130

LAST

FIRST

(Print)

FLORES

(Print)

DANIEL

INSTRUCTIONS

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BY

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ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
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25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42

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ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
25-26	27-28	29-30	31-32	33-34	35-36	1 - TDY (Basic) 2 - CORRECTION 3 - CANCELLATION	37	38 39		40-42
08	12	74	08	16	74	2			LA Area	811

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

<input checked="" type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> Other (Specify)	

DOCUMENT IDENTIFICATION NO.

DOCUMENT DATE PERIOD

12-17 June 74

WITNESSES

APPROVED BY: *[Signature]* SPECIAL AGENT IN CHARGE

DATE: *11/1/74*

THIS REPORT SHALL BE FILED IN THE OFFICE OF PERSONNEL
IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FILE

10010

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FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY		
1. NAME OF EMPLOYEE (use pseudo only if SA)	2. DATE (from item 5-1)	3. NAME OF SUPERVISOR (true)	4. DATE (from item 5-2)	
Daniel Flores	27 Feb 73	Richard Welch	27 Feb 73	
5. DATE RECEIVED AT HEADQUARTERS:		6. DISPATCH NUMBER:		
2 March 1973		HPLT-6592		
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CRYPT FOR CURRENT COVER
		GS-11 FI Case Officer		LNFALL
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
24 Sept 1971	30 Nov 1974	1 Feb 1975	15 Feb 1975 (depending on training.)	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Wife: 37, daughter: 3				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
None				
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)				
September 1971 - July 1972 - Activities of the [] and [] Preparation of project outlines and progress reports.				
August 1972 - Present - [] Operations. [] capability. Preparation of project outlines and progress reports.				
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				
In the near future I would like to take an advanced operations course. In connection with this, I would like to concentrate on the [] and [] targets in Latin America. Special courses in these two areas would be extremely helpful. Some time in the future I would like to attend the mid-career course.				

FORM 702

SECRET

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT

11A. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

At this point in my career the [] and [] targets are of major interest to me. Although I would prefer to work on [] operations in my next assignment, as an alternative I would consider working on [] operations.

11B. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

☒ EXTEND TOUR 14 MONTHS AT CURRENT STATION TO 31 November 1974
(DATE)

☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE [] 2ND CHOICE [] 3RD CHOICE []

☒ BE ASSIGNED TO ANOTHER FIELD STATION. INDICATE CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE [] 2ND CHOICE [] 3RD CHOICE []

☐ RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

Concur. This officer is doing a good job on his assigned targets and his overall abilities give the Station a flexibility it often needs to call on.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

Subject's tour has been extended fourteen months to 31 November 1974.

DATE 4/23/73 TITLE C/MH/Pers SIGNATURE H. L. Beythold

FOR USE BY CABLE SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. HPIS-3284 DATE (typed) 23 Apr 73

CABLE NO. [] DATED []

CABLE SERVICE REPRESENTATIVE [] DATE []

SECRET

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(When Filled In)

REPORT OF SERVICE ABROAD												
TO: Office of Personnel, Transactions and Records Branch, Status Section												
SERIAL NO.		NAME										
1-6		LAST (Print)				FIRST				MIDDLE		
036130		FLORES				DANIEL						
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 88, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - PCS (Basic)	2 - CORRECTION	3 - CANCELLATION	1980	1981	CODE	
25-26	27-28	29-30	31-32	33-34	35-36				97	98	99	40-42
			0	5	2	8	7	1	1			195
TDY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	1 - TDY (Basic)	2 - CORRECTION	3 - CANCELLATION	1980	1981	CODE	
25-26	27-28	29-30	31-32	33-34	35-36				97	98	99	40-42
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT						
OTHER (Specify)												
DOCUMENT IDENTIFICATION NO.						DOCUMENT DATE/PERIOD						
16318						28 May 1971						
REMARKS												
PREPARED BY			REPORT SUBMITTED ON			ABOVE DATA CERTIFIES CORRECT, BASED UPON SOURCE DOCUMENT CITED						
1 - B & A DIVISION, STOR.			DATE			SIGNATURE						
1 - B & T DIVISION			6/9/71			[Signature]						
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

FORM 1051a (REVISED 10-67)

SECRET

(10-101)

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(When filled in)

SERVICE ABROAD AGREEMENT

I. GENERAL

IT IS UNDERSTOOD THAT YOU AGREE TO SERVE THE PERIOD OF SERVICE ABROAD PRESCRIBED IN SECTION II BELOW AND THAT THE GOVERNMENT IS OBLIGATED TO RETURN YOU, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS UPON THE SATISFACTORY COMPLETION OF THIS PERIOD. YOUR ALLOWABLE EXPENSES WILL BE DETERMINED IN ACCORDANCE WITH AGENCY REGULATIONS.

IF YOU TERMINATE YOUR PERMANENT ASSIGNMENT OUTSIDE THE CONTINENTAL UNITED STATES BEFORE YOU COMPLETE 12 MONTHS OF CREDITABLE SERVICE FOLLOWING THE DATE OF YOUR ARRIVAL ABROAD, YOU WILL BE REQUIRED TO REIMBURSE THE GOVERNMENT FOR ALL EXPENSES IT INCURS IN THE TRAVEL AND TRANSPORTATION OF YOU, YOUR DEPENDENTS, YOUR HOUSEHOLD AND PERSONAL EFFECTS TO YOUR POST. IF YOU FAIL TO COMPLETE YOUR PRESCRIBED TOUR OF DUTY ABROAD YOU WILL NOT BE ENTITLED TO THE RETURN TRAVEL AND TRANSPORTATION OF YOURSELF, YOUR DEPENDENTS AND YOUR HOUSEHOLD AND PERSONAL EFFECTS TO THE UNITED STATES. IF, HOWEVER, AGENCY OFFICIALS DETERMINE THAT YOUR EARLY DEPARTURE IS NECESSARY FOR OFFICIAL REASONS, OR FOR PERSONAL REASONS OF SIGNIFICANT INTEREST TO THE GOVERNMENT, THEY MAY WAIVE THE REIMBURSEMENT OF EXPENSES ALREADY INCURRED, OR AUTHORIZE YOUR RETURN TRAVEL AND TRANSPORTATION, WHICHEVER IS APPLICABLE.

IF ELIGIBLE UNDER THE TERMS OF HR 20-30, YOU WILL BE GRANTED HOME LEAVE AS SOON AS IT CAN BE ARRANGED AT GOVERNMENT CONVENIENCE AFTER COMPLETION OF YOUR PRESCRIBED TOUR OF DUTY, PROVIDED YOU HAVE SERVED AT LEAST 18 MONTHS OF CONTINUOUS CREDITABLE SERVICE OUTSIDE THE UNITED STATES. HOME LEAVE AND HOME LEAVE TRAVEL ARE CONTINGENT UPON YOUR WILLINGNESS TO RETURN, AND CONTEMPLATION BY AGENCY OFFICIALS THAT YOU WILL RETURN TO SERVICE OUTSIDE THE UNITED STATES IMMEDIATELY AFTER HOME LEAVE OR UPON COMPLETION OF AN ASSIGNMENT IN THE UNITED STATES.

YOU ARE ADVISED THAT ANY MONIES DUE YOU FROM THE GOVERNMENT MAY BE APPLIED IN LIQUIDATION OF ANY INDEBTEDNESS ARISING FROM VIOLATION OF THIS AGREEMENT. YOU WILL BE AFFORDED ALL NORMAL RECOURSE IN APPEALING DECISIONS MADE PURSUANT TO THIS AGREEMENT.

NAME OF EMPLOYEE

Daniel Flores

SO

D

II. TOUR OF DUTY ABROAD

1. NAME OF POST OF ASSIGNMENT

Currently

and Next Assignment:

2. PERIOD OF SERVICE ABROAD AS PRESCRIBED IN A, B, OR C BELOW

A. STANDARD TOUR OF DUTY OF 24 MONTHS

X

C. NONSTANDARD TOUR OF DUTY OF _____ MONTHS FOR THIS TOUR ONLY FOR THE EMPLOYER SIGNING THIS AGREEMENT. (See HR 20-18)

REQUESTED (None attached)

OPERATING OFFICIAL

B. NONSTANDARD TOUR OF DUTY OF _____ MONTHS PREVIOUSLY APPROVED PER HR 20-18.

CONCUR

CAREER SERVICE

DEPUTY DIRECTOR

OPERATING OFFICIAL

APPROVED

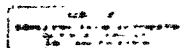
DIRECTOR OF PERSONNEL

III. PERMANENT PLACE OF RESIDENCE

3. YOUR "PERMANENT PLACE OF RESIDENCE" IS A PLACE TO WHICH ALLOWABLE TRAVEL AND TRANSPORTATION EXPENSES MAY BE AUTHORIZED IN CERTAIN CIRCUMSTANCES PURSUANT TO HR 22. ITS DESIGNATION WILL BE KEPT IN YOUR OFFICIAL PERSONNEL FOLDER.

4. IN REQUESTING YOUR PERMANENT PLACE OF RESIDENCE IN ITEM 5 ON THE REVERSE SIDE, YOU WILL (FOR STANDARD IN HR 22-3) NORMALLY INDICATE THE PLACE WHERE YOU PHYSICALLY COULD IN THE UNITED STATES, ITS POSSESSIONS OR THE COMMONWEALTH OF PUERTO RICO AT THE TIME OF YOUR PLS TRANSFER TO A POST ABROAD. YOU MAY REQUEST IN ITEM 6 THE DESIGNATION OF ANOTHER PLACE AS YOUR PERMANENT PLACE OF RESIDENCE IF YOU CAN ESTABLISH THAT YOUR PHYSICAL DOLLING PLACE IS (FOR PARS) TRANSFERTORY AND THAT SUCH OTHER PLACE IS YOUR COMICITY OR HAS PREVIOUSLY BEEN USED BY YOU AS A PHYSICAL DOLLING. INFORMATION THAT CAN BE PRESENTED IN AN ATTACHED STATEMENT AS EVIDENCE INCLUDES BUT IS NOT LIMITED TO, STATE VOTING REGISTRATION, PROPERTY OWNERSHIP AND PLACE WHERE INCOME OR PERSONAL PROPERTY TAXES HAVE BEEN PAID.

SECRET



SECRET
(When Filled In)

5. PHYSICAL DWELLING PLACE (Permanent Place of Residence unless address in item 6 is approved in lieu thereof) FULL ADDRESS: <p align="center">Washington, D. C.</p>		6. OTHER PLACE REQUESTED (Requested Permanent Place of Residence if different from item 5) FULL ADDRESS: 	
<div style="text-align: right;">APPROVED</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DEPUTY DIRECTOR</div> </div> <div style="width: 20%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DATE</div> </div> </div> <p align="center">5-20-71</p>		<div style="text-align: right;">CONCUR</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DEPUTY DIRECTOR</div> </div> <div style="width: 20%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DATE</div> </div> </div> <div style="text-align: right;">APPROVED</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DIRECTOR OF PERSONNEL</div> </div> <div style="width: 20%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DATE</div> </div> </div>	
IV. HOME LEAVE POINT			
7. AMONG THE PLACES YOU MAY REQUEST AS A HOME LEAVE POINT ARE: YOUR PERMANENT PLACE OF RESIDENCE SHOWN ABOVE, HEADQUARTERS AREA, AND WHERE YOUR CHILDREN, PARENTS, PARENTS-IN-LAW, BROTHERS, SISTERS, BROTHERS-IN-LAW, OR SISTERS-IN-LAW RESIDE.			
8. YOU MAY REQUEST FOR APPROVAL SOME OTHER POINT SUBJECT TO THE PROVISIONS OF HR 20-30B(3)(C). THE REQUEST MUST BE ACCOMPANIED BY A MEMORANDUM EXPLAINING THE CIRCUMSTANCES.			
9. DESIGNATION PER ITEM 7 ABOVE FULL ADDRESS: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p align="center">Milwaukie, Oregon</p>		10. DESIGNATION PER ITEM 8 ABOVE. FULL ADDRESS: 	
RELATIONSHIP OF RELATIVE AT HOME LEAVE POINT <p align="center">Parents-in-law</p>		<div style="text-align: right;">CONCUR</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DEPUTY DIRECTOR</div> </div> <div style="width: 20%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DATE</div> </div> </div> <div style="text-align: right;">APPROVED</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DIRECTOR OF PERSONNEL</div> </div> <div style="width: 20%;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DATE</div> </div> </div>	
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EMPLOYEE CERTIFICATION			
I have read and understand my service obligations and travel entitlements as described in this agreement.			
SIGNATURE OF EMPLOYEE <p align="center">See Dispatch Attached</p>		<div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="text-align: right; padding-right: 10px;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: small;">DATE</div> </div> </div> <p align="right">5/20/71</p>	

SECRET

CONFIDENTIAL

(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE BLOCKS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HRG 20-1. PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL--AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE (Last) FLORES	(First) Daniel	(Middle)	SOCIAL SECURITY NUMBER <div></div>
1. MARITAL STATUS (check one)			
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED
<input type="checkbox"/> WIDOWED			<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE Lima, Peru			DATE OF MARRIAGE 18 November 1960
IF DIVORCED, PLACE OF DIVORCE DECREE MEX			DATE OF DECREE

2. MEMBERS OF FAMILY			
NAME OF SPOUSE <div></div>		ADDRESS (No., Street, City, State, Zip Code) <div></div>	
TELEPHONE NO. <div></div>			
NAMES OF CHILDREN <div></div>		ADDRESS (Same as above.)	
SEX F		DATE OF BIRTH <div></div>	
NAME OF FATHER (or male guardian) <div></div>		ADDRESS <div></div> Gonzales, Texas 78629	
TELEPHONE NO. 512-672-6061			
NAME OF MOTHER, INCLUDING MAIDEN NAME (or female guardian) <div></div> (Deceased)		ADDRESS <div></div>	
TELEPHONE NO. <div></div>			

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

Mr.

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 22-15). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) Mr.	(Last-First-Middle) <div></div>	RELATIONSHIP Brother-in-law
HOME ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE Seguin, Texas 78155		HOME TELEPHONE NUMBER 512-379-7620
BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE SITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)

YES ☒ X
NO ☐

IS THE INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)

YES ☐
NO ☒ X

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)

YES ☒ X
NO ☐

The persons named in item 2 or 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.</p> <p align="center">The Riggs National Bank, Federal Office, 1750 Pennsylvania Avenue, N.W., Washington D.C.</p>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes", who possesses the power of attorney?)</p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY (No Approval Required)		
<p>RESIDENCE WHEN EMPLOYED (Full Address)</p>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN HR 22-3 (Full Address)</p>	
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See HR 22-3) (To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)		
<p>FULL ADDRESS</p>	<p>DEPUTY DIRECTOR OR DESIGNEE</p>	<p>DATE</p>
<p></p>	<p>DIRECTOR OF PERSONNEL (when applicable per HR 22-3)</p>	<p>DATE</p>
<p>SIGNED AT <i>Headquarters</i></p>	<p>DATE <i>7 June 60</i></p>	<p>SIGNATURE <i>Clair D. Over</i></p>

CONFIDENTIAL

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE				
DO NOT COMPLETE		FOR HEADQUARTERS USE ONLY		
NAME OF EMPLOYEE (use pseudo only if SA)	DATE (from item S-1)	NAME OF SUPERVISOR (true)	DATE (from item S-2)	
Daniel Flores				
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAPTER SERVICE:		
30 October 1970	HEQT 1506	04 MAR 1971		
TO BE COMPLETED BY EMPLOYEE				
1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5. CODE FOR CURRENT COVER
		Operational Officer GS-10		ENCUFF
6a. DATE OF PCS ARRIVAL IN FIELD	6b. REQUESTED DATE OF DEPARTURE	6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE	
13 May 1969	15 May 1971	1 June 1971	1 August 1971	
7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:				
Spouse (Expecting child in March 1971)				
8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:				
NA				
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 240-8)				
Case Officer responsibilities including running project targetted against [redacted] agent handling including [redacted] and related support agents; preparation of intelligence reports, dispatches and other reports related to Case Officer duties.				
10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS				
1. Soviet Operations Course. (If possible, I would like to co-ordinate this course with my home leave in the summer of 1971.)				
2. Language training. Preferably [redacted] because I would like to serve in [redacted] sometime in the future.				

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

I would like a position of increased responsibility, preferably as a Case Officer for Soviet Operations in Latin America. If this is possible I would like to take the Soviet Operations Course at Headquarters prior to my next assignment.

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- ☐ EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)
- ☐ BE ASSIGNED TO HQTRS FOR A TOUR OF DUTY: INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____
- ☐ BE ASSIGNED TO _____ FIELD STATION: INDICATE _____ GEOGRAPHIC AREA _____
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____
- ☐ RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

It is believed that this officer's performance at his present post of assignment has provided sufficient indication of his competence as a field case officer, and that he should have no problem filling a Soviet Operations Officer slot at a medium sized field installation. He should attend the Soviet Operations Course prior to such assignment.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

WH Division has selected Mr. Flores for assignment to _____ in September 1971.

DATE 1 March TITLE C/WH/Pers SIGNATURE H. L. Burdick

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO.

CABLE NO. 113900

DATE: _____

DATE: _____

16. EMPLOYEE REPRESENTATIVE

SECRET

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD										FILE PUNCHED BY RT		
TO: Office of Personnel, Transactions and Records Branch, Status Section												
SERIAL NO.			NAME									
			LAST			FIRST			MIDDLE			
036130			Flores			Daniel						
INSTRUCTIONS												
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OFI NO. 58, REVISED.												
PCS DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		COUNTRY	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION			37	38	39	40-42
05	13	69							1			175
TDY DATES OF SERVICE												
ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA			O/P USE ONLY		AREA(S)	
MONTH	DAY	YEAR	MONTH	DAY	YEAR				CODE			CODE
25-26	27-28	29-30	31-32	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 5 - CANCELLATION			37	38	39	40-42
OFFICE OF PERSONNEL USE ONLY - PUNCH AREA												
SOURCE DOCUMENT AND CERTIFICATION												
TRAVEL VOUCHER						DISPATCH						
CABLE						DUTY STATUS OR TIME AND ATTENDANCE REPORT						
OTHER (Specify)												
DOCUMENT IDENTIFICATION NO. 2157300						DOCUMENT DATE/PERIOD 12 May 1967						
REMARKS												
PREPARED BY			REPORT SUBMITTED ON			ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED						
DATE			DATE			SIGNATURE						
100			100									
THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER												

SECRET

Not Approved by
CS Career Service

81 JAR pm

MEMORANDUM FOR: Secretary, CSCS Panel (Section C)

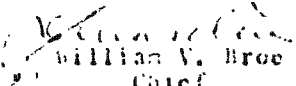
SUBJECT : Recommendation for Promotion to Grade
GS-10, Daniel Flores

1. It is recommended that Mr. Daniel Flores be promoted from GS-09 to GS-10.

2. Mr. Flores joined the Agency in 1962; initially he was employed on a part-time basis in the MI Division while attending the American University. He received his AB degree in 1967 and became a full-time staff employee. On the strong recommendation of his supervisors, Mr. Flores was accepted for the Career Training Program which he completed in August 1968. After rejoining the MI Division, he was selected for assignment as an operations officer at the [] Base where he arrived in May 1969. Mr. Flores is bi-lingual in Spanish.

3. Both as a Headquarters and field operations officer Mr. Flores has carried out his assignments with intelligence, enthusiasm and initiative. As the [] Base officer in charge of [] operations, his performance has been of high caliber. In August 1969, during the forced absence of the Chief of Base and other senior officers, Mr. Flores assumed the full responsibilities for running the base for a period of several weeks. He performed the duties of Acting Chief of Base in a superior manner. In addition to his operational competence, the [] Chief of Base has observed that Mr. Flores' ability to develop social relations with ease has been a distinct asset for the Base.

4. Mr. Flores has already proven to be a competent operations officer. As he further develops through experience and responsibility he should become eligible for rapid advancement. In any case he is already performing at a level far higher than his current grade and a promotion at this time is strongly recommended.


William V. Broe
Chief
Western Hemisphere Division

SECRET

CONFIDENTIAL
(When filled in)

I M P O R T A N T

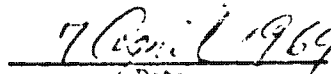
Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CPB. Your Personnel Officer can provide you with a copy of the Handbook.

M E M O R A N D U M O F U N D E R S T A N D I N G

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.


Signature

DANIEL FLORES


Date

CONFIDENTIAL

Group 1 - Excluded from
automatic downgrading
and declassification.

CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle) SOCIAL SECURITY NUMBER

Elkins

Daniel

1. RESIDENCE DATA

PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)

Washington, D.C.

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE HOME LEAVE RESIDENCE

Washington, D.C.

2. MARITAL STATUS (Check one)

☐ SINGLE ☒ MARRIED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

IF MARRIED, PLACE OF MARRIAGE DATE OF MARRIAGE

Lima, Peru 14 Dec 1960

IF DIVORCED, PLACE OF DIVORCE DECREE DATE OF DECREE

IF WIDOWED, PLACE SPOUSE DIED DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

3. MEMBERS OF FAMILY

NAME(S) OF CHILDREN ADDRESS (No., Street, City, State, Zip Code) TELEPHONE NO.

Accompanying

NAME OF YOUR MOTHER (or female guardian) ADDRESS TELEPHONE NO.

Peru

Genzok, Texas (Box 39) 512/672-6061

WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last, First, Middle) RELATIONSHIP

Mr. Brother-in-law

HOME ADDRESS (No., Street, City, State, Zip Code) HOME TELEPHONE NUMBER

Lequien, Texas (512) 672-7670

BUSINESS ADDRESS (No., Street, City, State, Zip Code) AND NAME OF EMPLOYER, IF APPLICABLE BUSINESS TELEPHONE & EXTENSION

(Same as above)

IS THE INDIVIDUAL NAMED ABOVE FITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.) YES NO

YES NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person who would make such decisions in case of emergency.) YES NO

YES NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.) YES NO

YES NO

The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL

(When Filled In)

VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

Riggs National Bank : Daniel and [redacted] Flores
17th and Penn. Avenues, Washington, D.C.
(1750 Penn Avenue

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION?

☒ YES ☐ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT?

☐ YES ☒ NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☒ YES ☐ NO. (If "Yes" where is document located?)

At home. Will leave with responsible person for safe keeping.

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?

☐ YES ☐ NO. (If "Yes" give name(s) and address)

N/A

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possesses the power of attorney?)

But may before I leave.

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

My father should not be notified in case of an emergency because of his health and age.

SIGNED AT

DATE

7 April 1969

SIGNATURE

Daniel Flores

CONFIDENTIAL

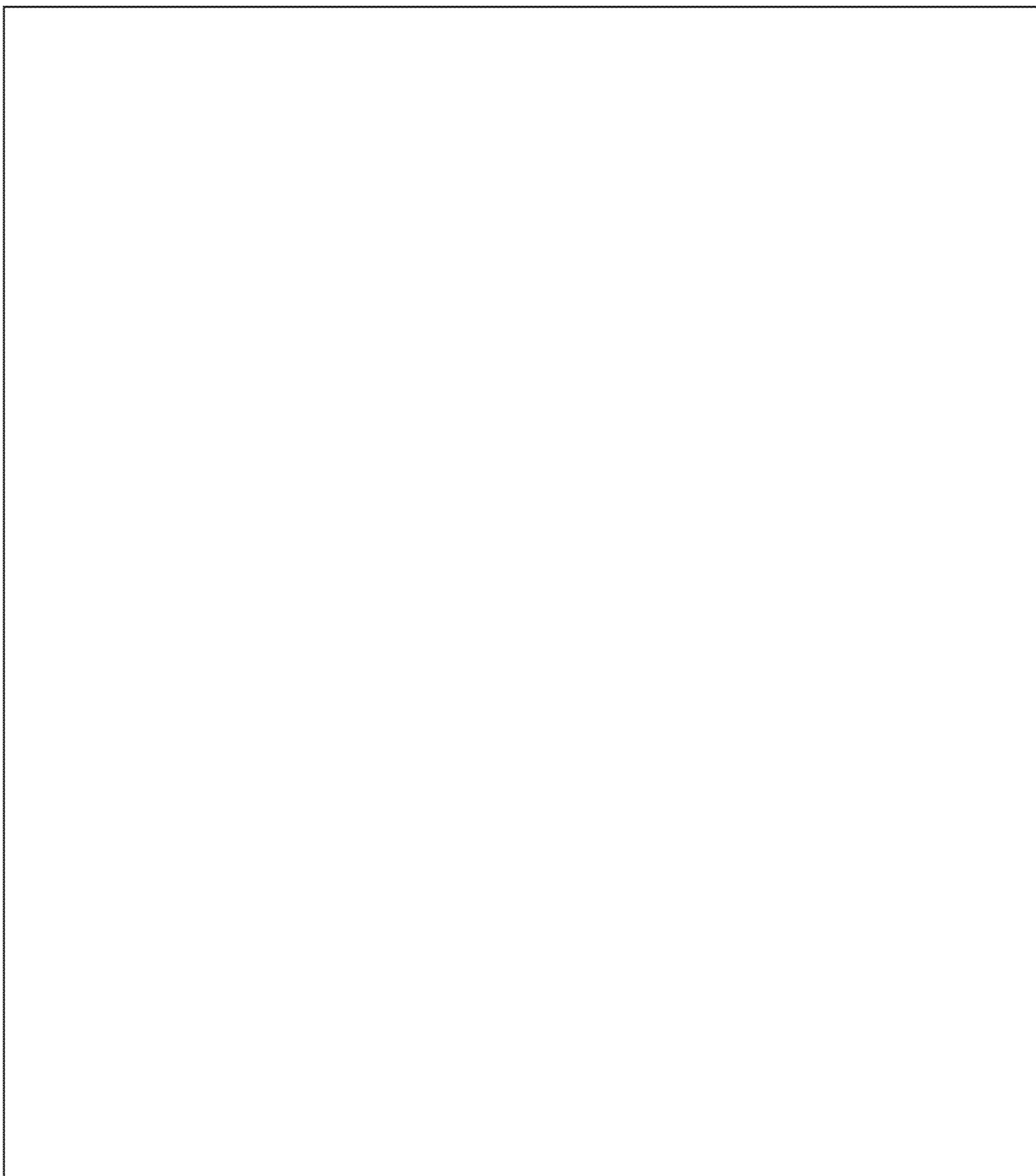
SECRET

TFR

Supplement to Staff Employee Personnel

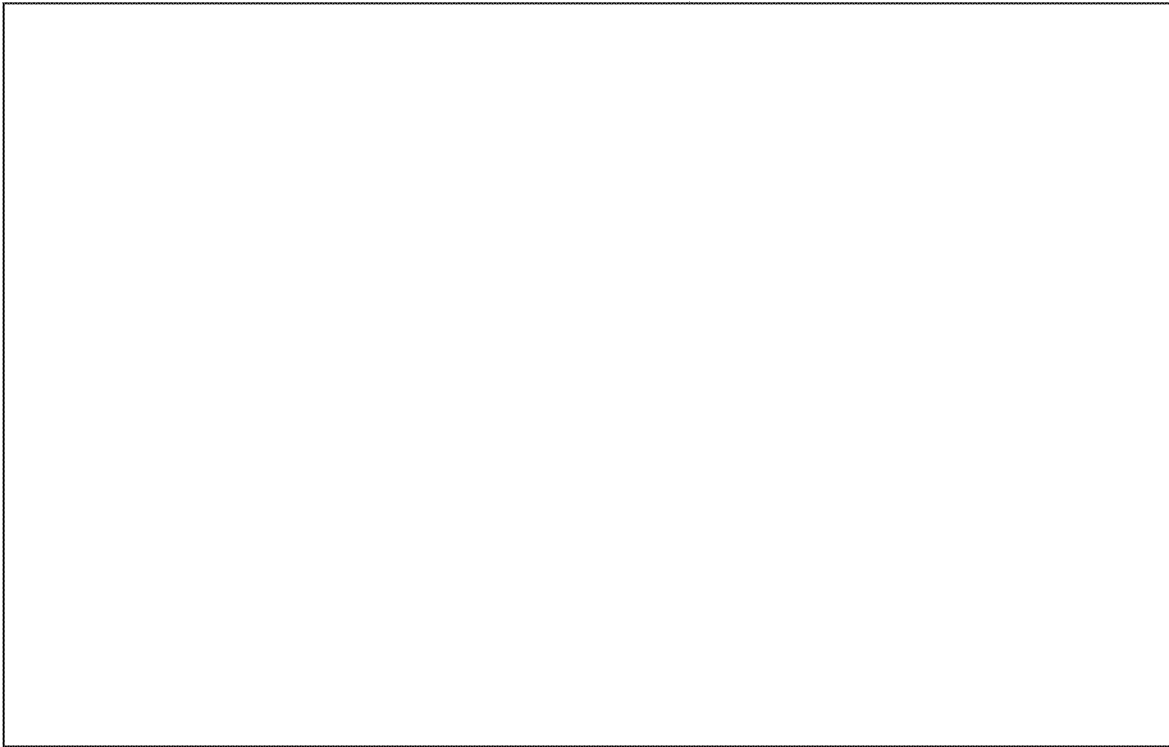
 Daniel FloresEffective 10 April 1969

SECRET



SECRET

SECRET



UNITED STATES GOVERNMENT



Personnel Office

ACCEPTED:

David L. [Signature]

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

1

FOLLOW THESE GENERAL INSTRUCTIONS:

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

2

FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (last) 036730 (first) Flores (middle) Doniel DATE OF BIRTH (month, day, year) SOCIAL SECURITY NUMBER

EMPLOYING DEPARTMENT OR AGENCY

LOCATION (City, State, ZIP Code)

3

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here
if you
WANT BOTH
optional and
regular
insurance



ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here
if you
DO NOT WANT
OPTIONAL but
do want
regular
insurance



DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here
if you
WANT NEITHER
regular nor
optional
insurance



WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4

**SIGN AND DATE IF YOU MARKED BOX "A" OR "C".
COMPLETE THE "STATISTICAL SUB" THEN RETURN
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE**

Signature of Employee

Date

FOR EMPLOYING OFFICE USE ONLY

(Official receiving date stamp)

Keep copy of this form in back of Original

When you receive this form

the way it is sent to you

(Statistical Sub) Return to Office of Personnel Records

S-E-C-R-E-T

- TRAINING REPORT -

Operational Interrogation Course No. 2-69
(Full time - three weeks) 4 - 22 November 1968

Student: Flores, Daniel

Office: WH

Grade : 08

EOD : Mar 62

Number of Students Enrolled:

Service Designation: D

COURSE OBJECTIVERATING

Class Performance : Satisfactory

Interrogation Aptitude: Average

GENERAL CLASS PERFORMANCE

Excellent: 3

Satisfactory: 6

Unsatisfactory: 0

GENERAL CLASS APTITUDE FOR INTERROGATION

High: 2

Average: 6

Low: 1

FOR THE DIRECTOR OF TRAINING:

27 DEC 1968

Date

Chief Instructor

S-E-C-R-E-T

G-E-C-R-E-T

TRAINING REPORT OPERATIONS COURSE (FULL TIME)	Course No.		No. of Students		Dates of Course	
	OC-1-3/4-68		Began	Finished	27 May - 16 August 1968	
STUDENT IDENTIFYING INFORMATION						
NAME OF STUDENT	YOB	ECG DATE	OFFICE	GS	SL	
FLORES, Daniel		March 1967	CTP	02	53	
PERFORMANCE EVALUATION						

- W - Weak Ranges from inadequate to less than satisfactory (in terms of a new and inexperienced case officer).
- A - Adequate Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.
- P - Proficient More than satisfactory. Has acquired a solid beginner's proficiency. This rating may be interpreted as representing "average" on our rating scale.
- S - Strong Exceptional proficiency, characterized by thoroughness, initiative, originality, and an exceptional student understanding of the case officer role in clandestine operations.
- O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of other students doing similar work as to warrant special recognition.

COURSE OBJECTIVE

This course is designed to prepare selected staff officers from the Career Trainee Program for field operations officer work with the Clandestine Services. The student's understanding of the Clandestine Services doctrine, policies and operational concepts and his ability to apply these related items is measured by a series of practical exercises. Successful completion of the Operations Familiarization Course (OFC) is a prerequisite for admission to the Operations Course.

RATING LETTER

TRADECRAFT	P
INTELLIGENCE AND OPERATIONAL INFORMATION REPORTING	P
CLANDESTINE SERVICES OPERATIONAL PROGRAMS	P

The trainee also received basic instruction and practical work

This rating corresponds to the statement which most accurately reflects the student's level of performance and takes into account everything about him which influenced his effectiveness. This rating is a reflection of the degree to which the instructors feel that the student is both suitable and competent for overseas service in the Clandestine Services.

OVERALL
PERFORMANCE

P

Overall performance ratings of all students in this class:

WEAK 0 ADEQUATE 0 PROFICIENT 40 STRONG 40 OUTSTANDING 20

G-E-C-R-E-T

S-E-C-R-E-T

NARRATIVE COMMENTS

Significant strengths and weaknesses and their relationship to overall performance in the Operations Course. This section amplifies and explains, as necessary, the rating letters given above.

Mr. Flores' overall performance in this course was at the high proficient level. He is a very friendly and personable individual who put forth a good deal of effort to do well in the course. Mr. Flores takes a very practical approach to solving problems and his attitude throughout the course was excellent.

Mr. Flores acquired a good understanding of the principles and techniques of Clandestine Services operations, and in problems requiring [redacted] in the live exercises he came through as a very friendly and personable individual. He was particularly effective in debriefing situations and demonstrated flexibility in meeting the problems that arose during the [redacted]

Mr. Flores demonstrated a good understanding of Clandestine Services programs in Foreign Intelligence, Counterintelligence and Covert Action. His performance was graded strong in handling of a [redacted] and in a Counterintelligence case study and a Covert Action case study his understanding and analyses were judged highly proficient. He received a rating of adequate in photography.

Mr. Flores has good writing skills and acquired a thorough understanding of intelligence and operational reporting procedures and formats of the Clandestine Services. His intelligence reports were consistently complete, accurate and clear. His operational reports suffered occasionally from weak organization, and on one occasion he had difficulty distinguishing operational from intelligence information; but his reports were generally complete and accurate and showed a sound understanding of operational reporting requirements.

Mr. Flores is a personable and intelligent individual who got along very well with his colleagues and with the instructors. With his excellent attitude and strong desire for a career in the Clandestine Services together with his willingness to work hard, Mr. Flores should have little difficulty in developing into an effective case officer as he gets greater experience.

FOR THE DIRECTOR OF TRAINING:

[redacted]
Chief Instructor

23 August 1968
Date

S-E-C-R-E-T

3-E-C-R-E-T

TRAINING REPORT

Operations Course, Phase II-3-68
(416 hours, full-time)

4 March - 3 May 1968
(Date)

Student : FLORES, Daniel

Office : CTP/OTR

Year of Birth:

Service Designation: BJ

Grade : GS-07

No. of Students: Began; Finished

EOD : March 1962

COURSE OBJECTIVES:

The course is designed to prepare junior clandestine services officers for related to the of Upon completion of training, the officer will be capable of developing and implementing actions which will contribute to the elimination of in the of the world in furtherance of U.S. policy. He shall also be capable of developing plans for the of in support of United States in and will be able to plan for the use of and operations in direct support of other intelligence activities.

ACHIEVEMENT RECORD:

The performance rating and narrative comments below are derived from a synthesis of all observations and evaluations submitted on each trainee by the instructor staff. Student rating is indicated by the asterisk.

INCOMPLETE 0 ADEQUATE 0 PROFICIENT * 48 STRONG 12

NARRATIVE COMMENTS:

Mr. Flores is a self-sufficient, steady worker, who demonstrated an excellent ability to adapt himself to the various training situations. His proficient performance during Operations Course, Phase II-3-68 did not fluctuate appreciably from beginning to end.

Mr. Flores was always mentally alert, receptive to instruction and responsive to instructional exercises. He cheerfully accepted all responsibilities, consistently produced satisfactory results, and appeared to demonstrate a sense of pride in his accomplishments. His conscientious effort, sincerity, and cooperative attitude enabled him to develop a sound working relationship with his colleagues.

Continued on Page 2

14-00000
S-E-C-R-E-T

TRAINING REPORT

Operations Course, Phase II-3-68
(416 hours, full-time)

4 March - 3 May 1968

Student : FLORES, Daniel

Office : CTP/OTR

Service Designation: SJ

NARRATIVE COMMENTS (Continued)

Of noteworthy mention was Mr. Flores' pleasant, industrious performance throughout the [] He established a cheerful environment for his colleagues and completed assigned responsibilities with enthusiasm, determination and cooperation. His sustained high-level performance and ability to adapt to the [] earned him the respect and appreciation of his classmates.

The degree of performance attained in the course indicates Mr. Flores has gained a sound familiarization of the [] activities, responsibilities, skills, and concepts.

FOR THE DIRECTOR OF TRAINING:

[]
Chief Instructor, Operations Course, Phase II

S-E-C-R-E-T

14-00000

S E C R E T

TRAINING REPORT

NAME OF TRAINEE: Flores, Daniel	COURSE: CS RECORDS I & CS RECORDS II (Biographic Research)
DOB: <input type="text"/> 3D: SJ	DATE : 9 - 16 May 1968
OFFICE: CTP GS: 07	HOURS : 30 - part time

OBJECTIVES

1. To provide briefing in the CS requirement for biographic research, the importance of this research in the investigative process, and in the importance of the role of the biographic researcher.
2. To provide instruction in the nature, content and means of access to repositories of biographic information in the CS and other elements of the Agency and the community.
3. To introduce the concept of research and investigation and the processes involved therein, and to provide practical work in research as done at headquarters.
4. To alert the students to the nature of analysis in producing finished reports of biographic research.
5. To provide practice in writing the report of biographic research.

METHOD OF INSTRUCTION

The course is presented by means of lecture, discussion and demonstration. More than fifty percent of the class time is devoted to an exercise in biographic research, an exercise in analysis of the materials recovered, and preparation of a report of the research.

ADJECTIVAL RATINGS USED IN THE TRAINING REPORT

- | | |
|----------------|--|
| EXCELLENT | Student demonstrated unusual competence in achieving the course objectives. His understanding of the course content was unusually thorough and perceptive. Where skills were taught, he demonstrated particular facility in their use. |
| ✓ SATISFACTORY | Student's achievement of the course objectives was competent. He demonstrated good understanding of the course content. Where skills were taught, he demonstrated basic facility in their use. |
| UNSATISFACTORY | Student did not demonstrate adequate competence. Although he may have made some progress, he fell short of the minimum standards for achievement of the course objectives. |

S E C R E T

SECRET

NARRATIVE RATING OF ACHIEVEMENT:

Mr. Flores showed considerable ability and experience in his handling of the practical problem. He should have no trouble in doing work of this kind with a minimum of supervision.

Overall adjectival rating of achievement:

Satisfactory ✓

Overall adjectival ratings of achievement of all employees in the course:

EXCELLENT: 2 SATISFACTORY: 14 UNSATISFACTORY:

Attendance at this course does not provide the student with operational knowledge and background sufficient to qualify him as an independent researcher, capable of making operational judgments.

NOTE: CS Records I (Introduction to Records) is a prerequisite for this course.

FOR THE DIRECTOR OF TRAINING:

24 MAY 1968

Date

Chief Instructor

- 2 -

SECRET

SECRET

(When Filled In)

TRAINING REPORT INTELLIGENCE TECHNIQUES COURSE (120 Hours)		COURSE NO. 3-68	NO. STUDENTS 46	DATE OF COURSE 29 Jan - 13 Feb 1968	
IDENTIFYING INFORMATION					
NAME OF STUDENT	YOB	EOB DATE	OFFICE	CS	SD
FLORES, Daniel		Mar 1962	CTP	07	SJ
KEY TO RATINGS					
<p>W - Weak Ranges from inadequate to less than satisfactory.</p> <p>A - Adequate Has achieved the basic level required. Satisfactory, characterized neither by deficiency nor excellence.</p> <p>P - Proficient More than satisfactory. Has acquired a solid beginner's proficiency.</p> <p>S - Strong Exceptional proficiency. Characterized by thoroughness, initiative, originality, and an exceptional student understanding of the work involved in intelligence production.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
EVALUATION OF PERFORMANCE IN SKILLS					
BRIEFING	RATING P	WRITING	RATING A+	ANALYSIS	RATING P
OVER-ALL PERFORMANCE EVALUATION					RATING
<p>The RATING LETTER reflects the over-all performance of the student in the course and is thus a measure of the extent to which the student possesses the skills and techniques required in the production of finished intelligence. The rating is not necessarily arrived at by mathematically averaging in the skills ratings, but takes into consideration any outstanding strengths or weaknesses that should be reflected in an evaluation of the performance of the student as a whole. The RATING LETTER is a consensus of the view of the faculty.</p>					P-
REPORT OF OBSERVATIONS, JUDGMENTS AND IMPRESSIONS					
<p>This is a general, unspecific, narrative report of observations, judgments, and impressions. It includes intangible factors such as the student's attitude, cooperativeness, attentiveness, maturity, and judgment. It also includes the general impression the student has made on the faculty. This report will not be included unless the instructors believe that it would add something to the previous evaluation of performance in skills as well as to the evaluation of the OVER-ALL PERFORMANCE of the student.</p>					
FOR THE DIRECTOR OF TRAINING:		<input type="checkbox"/> DEED DATE			
		CHIEF, INTELLIGENCE PRODUCTION FACULTY INTELLIGENCE SCHOOL			

S-E-C-R-E-T

PERFORMANCE RECORD

The CT Class 2 FSO - 1 May 1977Course Description

A. Statement of Objectives

1.

2.

B. Course Method

1. Approximately one-half of the course is devoted to lectures, one-fourth to seminars, exercises and demonstrations, and one-fourth to individual study.
2. Student achievement is judged on the basis of performance in one written examination and participation in seminars and exercises.

NAME Flower, DavidWritten WorkExamination By StudentOral WorkSeminars, Exercises By StudentComments:

GROUP I
Excluded from automatic
downgrading and
declassification

S-E-C-R-E-T

TRAINING REPORTOPERATIONS FAMILIARIZATION COURSE NO. 2-68
(192 hours, full-time)2 Jan. - 26 Jan. 1968
(Date)

STUDENT : FLORES, Daniel

OFFICE : CTF

YEAR OF BIRTH:

SERVICE DESIGNATION: CJ

GRADE : GS-07

NUMBER OF STUDENTS: ☐ Begun

END DATE : March 1962

☐ FinishedCOURSE OBJECTIVE AND CONTENT

The Operations Familiarization Course is a four-week course designed to provide the student with an understanding of the Clandestine Services programs, operational methods and reporting techniques. Special emphasis is given the basic elements of

METHODS

The instructional methods used included class discussions, lectures, films demonstrations, practical exercises and case studies. Practical exercises were

The operational programs of various Clandestine Services Divisions were discussed by representatives of the respective Headquarters components.

EVALUATION OF PERFORMANCE

The student's rating is based on understanding of the material presented as demonstrated by his participation in class discussions, the preparation of intelligence and operational reports, the application of operational principles in the practical exercises and the grade received on a comprehensive written examination given in the final week of the course which covered all areas of course content. Other factors considered in determining the final rating were the student's interest, attitude and preparation for assignments. The number of students receiving each adjectival rating on overall course performance is shown below. This student's rating is indicated by an asterisk. Explanatory narrative comments are included with a rating of ADEQUATE or STRONG. When considered pertinent by the training staff, comments may also be included with a PROFICIENT (average) rating.

UNSATISFACTORYADEQUATE* PROFICIENTSTRONG☐☐☐☐

✓ Mr. Flores' overall performance in the course was at the solid proficient level. It should be noted that he demonstrated a particularly good attitude throughout the course. He took full advantage of the training offered to increase his knowledge of the Clandestine Services.

FOR THE DIRECTOR OF TRAINING



J-S-C-S-G-1

9 Feb. 1968
JTS

S-E-C-R-E-T

ORIENTATION TO INTELLIGENCE FOR CT'S
(Class of December 1967)

STUDENT	:	Daniel FLORES	Duration:	11-22 December 1967	
			(30 hours, full time)		
YEAR OF BIRTH:	:	<input type="text"/>	OFFICE	:	CT
GRADE	:	GS-07	SERVICE DESIGNATION:	:	SJ
EOD	:	March 1962	NUMBER OF STUDENTS :	:	<input type="text"/>

COURSE OBJECTIVES - CONTENT AND METHODS

In the Orientation to Intelligence Course the objectives are: (1) to instruct the student in the basic concepts and terminology of intelligence; (2) to describe the history of U.S. intelligence and the current role of intelligence in the national security structure; (3) to outline the composition and mission of the intelligence community, noting the Agency's significant role therein; (4) to define the mission of CIA in supporting the DCI and to identify the functions of the Agency's major components, particularly in the collection, production, and dissemination of intelligence; and (5) to identify and discuss major problems facing the Agency. The area surveys and "Articulating the United States" elements of the course are designed to introduce the students briefly to some of the intelligence problems presented by major regions of the free world and to stimulate thought about the American way of life and its relationship to these areas.

Instructional techniques include lectures given by members of the Orientation and Briefing Faculty, guest speakers from Agency components, seminars, directed reading, review exercises, training films, and intelligence exhibits.

ACHIEVEMENT RECORD

The individual student evaluation is based on his score achieved on a written examination given at the conclusion of the course. This test, consisting of 100 items, covered all major aspects of the course content. The rating assigned to this student is:

PROFICIENT

The evaluation system used was as follows:

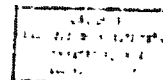
O = Outstanding	-	0-3 wrong
S = Strong	-	4-8 wrong
P = Proficient	-	9-15 wrong
A = Adequate	-	16-25 wrong
W = Weak	-	26- wrong

FOR THE DIRECTOR OF TRAINING:

Chief, Orientation & Briefing Faculty

8 January 1968
Date

S-E-C-R-E-T



CONFIDENTIAL

26 October 1967

MEMORANDUM FOR: Daniel Flores

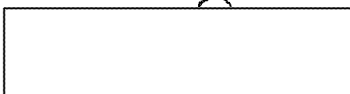
THROUGH : Executive Secretary
CSCT Selection Board

SUBJECT : Application for Career Training Program

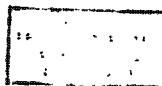
1. I am pleased to inform you that you have been accepted for the Career Training Program. Let me congratulate you and wish you the maximum profit and pleasure from your proposed training.

2. You will remain with your present Component until the beginning of the next Integrated Training Program, to begin 11 December. At that time you will be reassigned to the CTP T/O where you will remain until your training has been completed.

3. Should you have any further questions, do not hesitate to call on the Program Officers.


Chief, CTP

CONFIDENTIAL



SECRET

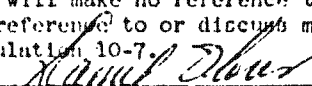
(When Filled In)

MILITARY STATUS QUESTIONNAIRE (READ INSTRUCTIONS ON REVERSE SIDE)		DO NOT WRITE IN SPACES BELOW	
1. THIS DATE (Month-day-year) MARCH 13, 1962		1-6. SERIAL NUMBER 006100	
2. NAME (Last-first-middle) FACKES, DANIEL (V)		7-24. NAME	
3. DATE OF BIRTH (Month-day-year)	4. SEX <input checked="" type="checkbox"/> (1) MALE <input type="checkbox"/> (2) FEMALE	25-29. DDD	29. SEX 1
5. OFFICE TO WHICH ASSIGNED DDF/CPSER/RT	6. SCHEDULE AND GRADE GS-04	30-31. OFFICE CODE 39	32-34. SCHD 35-39 GR. C-5 C-4
7. SUBJECT TO CURRENT DRAFT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	8. INDICATE DRAFT CLASSIFICATION, IF ANY	37. DRAFT STATUS 2	38-39. CLASS.
VETERANS COMPLETE THE FOLLOWING			
9. BRANCH OF SERVICE ON SEPARATION (Check one)		10. MIL. GRADE ON SEPARATION	
<input type="checkbox"/> (1) ARMY <input checked="" type="checkbox"/> (2) MARINE <input type="checkbox"/> (3) COAST GUARD <input type="checkbox"/> (4) NAVY <input type="checkbox"/> (5) AIR FORCE		60. BRANCH SERVICE 3 61-62. MIL. GRADE E 4	
11. STATUS AT TIME OF SEPARATION (Check one)		43. STATUS AT SEPARATION	
<input checked="" type="checkbox"/> (1) REGULAR <input type="checkbox"/> (2) RESERVE <input type="checkbox"/> (3) DRAFTER <input type="checkbox"/> (4) OTHER (Specify by number)		1	
12. TYPE OF SEPARATION (Check one)		44. TYPE OF SEPARATION (A-less than 8 yrs; B-8 yrs or more)	
PLEASE NOTE ALTHOUGH YOU MAY HAVE A SERVICE CONNECTED DISABILITY, DO NOT CHECK THE BOX "RETIRED-SERVICE CONNECTED DISABILITY" UNLESS YOU WERE ACTUALLY RETIRED FOR THIS REASON. IF OTHERWISE, CHECK "HONORABLE DISCHARGE" OR "RELEASED TO INACTIVE DUTY" AS APPROPRIATE, EVEN THOUGH YOU MAY BE DRAWING A DISABILITY ALLOWANCE OR COMPENSATION.		1A 2A 3A 7A 1B 3B 6B 7B 2A 4A 6A 8A 2B 4B 6B 8B	
<input type="checkbox"/> (1) RELEASED TO INACTIVE DUTY <input type="checkbox"/> (5) RETIRED-AGE <input checked="" type="checkbox"/> (2) HONORABLE DISCHARGE <input type="checkbox"/> (6) RETIRED-SERVICE CONNECTED DISABILITY <input type="checkbox"/> (3) RETIRED-20 (or more) YRS. SERVICE <input type="checkbox"/> (7) RETIRED-COMBAT DISABILITY <input type="checkbox"/> (4) RETIRED-LESS THAN 20 YRS. SERVICE <input type="checkbox"/> (8) OTHER-SPECIFY UNDER COMMENTS			
MEMBERS OF RESERVE FORCES COMPLETE THE FOLLOWING			
13. RESERVE BRANCH OR SERVICE		14. ORIGINAL ENTRY DATE IN ARMED SERVICES	
15. SERVICE SERIAL NO.		16. MOS, AFSC, DESIGNATOR, OR RATING	
17. MIL. GRADE		18. RESERVE CATEGORY (Check one)	
		<input type="checkbox"/> (1) READY <input type="checkbox"/> (2) STANDBY <input type="checkbox"/> (3) RETIRED	
19. EXPIRATION DATE OF APPOINTMENT OR ENLISTMENT (Month and year)		59-60. MIL. GRADE	
20. MIL. MOBILIZATION ASSIGNMENT		61-64. MOS, AFSC, ETC.	
21. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED		65-66. MIL. GRADE	
		67. CATEGORY	
		68-71. EXPIRATION DATE	
		72. MOBILIZATION ASSIGNMENT	
		73. ASSIGNMENT UNIT	
		74. MOBILIZATION CATEGORY	
22. COMMENTS			

CIA INTERNAL USE ONLY
(Classify When Filled In)

OUTSIDE ACTIVITY APPROVAL REQUEST

SEE HR 10-7 BEFORE SUBMITTING TO FOR AN ORIGINAL AND 2 COPIES OF THIS FORM

TO :	DIRECTOR OF SECURITY; ATTN: EMPLOYEE ACTIVITY BRANCH			DATE	16 April 1962
THROUGH:	(Operating official, administrative and/or security officer)				
	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Security Officer, RID				
FROM :	NAME AND GRADE OF EMPLOYEE (Print or type)	COMPONENT	ROOM NO. AND BLDG.	PHONE	
	FLORES, Daniel GS-04	DDP/OPSER/RID/RB/IN	A B 4003	6187	
1. DESCRIPTION OF OUTSIDE ACTIVITY FOR WHICH APPROVAL IS REQUESTED:					
Bartender					
2. FULL NAMES OF ORGANIZATION AND/OR PERSONS INVOLVED					
Bartenders Union Local 01A 75 Mr. <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>					
3. DATE(S) OF PARTICIPATION AND LOCALE OF ACTIVITY					
On call different days of the week. 914 F Street, N. W. Washington, D. C.					
4. REMARKS					
In engaging in the requested activity I will make no reference to, or discuss my CIA assignments or duties nor will I make reference to or discuss my CIA employment except as authorized by Headquarters Regulation 10-7. <div style="text-align: right; margin-top: 10px;">  SIGNATURE OF REQUESTING EMPLOYEE </div>					
5. CONCURRENCES AND/OR APPROVAL WITHIN OPERATING OFFICE					
(signed) John M. Wigglesworth <div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> Chief, RID/ADMIN					
FOR COMPLETION BY EMPLOYEE ACTIVITY BRANCH AND RETURN OF ORIGINAL TO EMPLOYEE					
<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 10%; left: 10%; font-size: 40px; border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center;">CP</div> <div style="position: absolute; top: 60%; left: 40%; text-align: center;"> <p>20 Apr 62</p> <p><i>W. A. Osborne</i></p> </div> </div>					

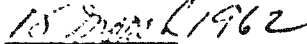
Standard Form No. 1000 CHAPTER I, § 1 PM G. 640-1000		HEALTH BENEFITS REGISTRATION FORM* <small>FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959</small> (Part I) Use on cover of first page. Use only separate for each page.			4536490																											
PART A ALL WHO REGISTER MUST FILE IN THIS PART	1. NAME (LAST, FIRST, MIDDLE) FLONE, D. J.	2. DATE OF BIRTH MONTH DAY YEAR 7 1 5	3. Are you now married? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																													
	4. YOUR MARITAL ADDRESS (INSURED AND STREET, CITY AND ZONE NUMBER, STATE) 1111 1st St. N.W.	5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	6. Are you covered by, or is any family member covered by, or enrolled in a plan under the Federal Employees Health Benefits Act of 1959 (through the agreement of another United States or District of Columbia Government employee or annuitant)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>																													
PART B FILE IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN	7. I elect to enroll in a health benefit plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NAME OF PLAN HEALTH BENEFITS PLAN</td> <td style="width: 20%; padding: 2px;">OPTIONAL HIGH DEDUCTIBLE HIGH</td> <td style="width: 30%; padding: 2px;">FEDERAL CODE NUMBER 1 1 2</td> </tr> </table>					NAME OF PLAN HEALTH BENEFITS PLAN	OPTIONAL HIGH DEDUCTIBLE HIGH	FEDERAL CODE NUMBER 1 1 2																								
NAME OF PLAN HEALTH BENEFITS PLAN	OPTIONAL HIGH DEDUCTIBLE HIGH	FEDERAL CODE NUMBER 1 1 2																														
<small>If enrollment is for self only, answer item 8. If enrollment is for self and family, also answer item 9 in item 3 if it applies.</small>	8. In space below list all eligible family members (with exception: list your wife or husband first, then your unmarried child or under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width: 40%;">NAMES OF FAMILY MEMBERS</th> <th style="width: 20%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband FLONE, D. J.</td> <td>7/1/5</td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>					NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or Husband FLONE, D. J.	7/1/5																					
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Wife or Husband FLONE, D. J.	7/1/5																															
9. If a female (employee or annuitant), does the family listed above include a husband who is incapable of self-support because of mental or physical disability which can be expected to continue for more than one year? (If answer "yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																
PART C FILE IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT	<small>ITEM 1 OR ITEM 2, WHICHEVER APPLIES, AND ANSWER ITEM 3</small> 1. I wish to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> 2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> 3. The reason for my election is (Place an "X" in proper box): a. I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> b. I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> c. Any other reason. <input type="checkbox"/>																															
	PART D 1. I want to change my enrollment as shown by the enrollment number and other information in Part B. 2. Enrollment code number of present plan: 1 3. Date of event which permits change (The date on cover of brochure is proper to enter): MONTH DAY YEAR 7 1 5																															
PART E ALL WHO REGISTER MUST FILE IN THIS PART	WARNING: —Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)																															
	YOUR SIGNATURE (AND TITLE IF ANY) David Louis J. ...																															
PART F TO BE COMPLETED BY AGENCY	1. NAME AND ADDRESS OF EMPLOYING OFFICE ...		2. DATE RECEIVED BY EMPLOYING OFFICE 7/1/5		3. EFFECTIVE DATE OF ELECTION 7/1/5																											
	4. SIGNATURE OF AUTHORIZED AGENCY OFFICIAL ...		5. PAYROLL OFFICE AND ...		6. PAYROLL ACTION (INITIALS AND DATE) ...																											
REMARKS USE ONE ONLY BY ANNUAL RENEWAL AGENT ...																																

CONFIDENTIAL,
(when filled in)

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents
of Handbook 20-4, Employee Conduct, dated 29 August 1961.


Signature


Date

CONFIDENTIAL

APPOINTMENT AFFIDAVITS

IMPORTANT: Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY
(Department or agency)

WASHINGTON, D. C.
(Bureau or division)

(Place of employment)

I, FLORES, DANIEL, do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, SO HELP ME GOD.

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I knowingly a member of any organization that advocates the overthrow of the constitutional form of the Government of the United States, or which seeks by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) that I will not so advocate, nor will I knowingly become a member of such organization during the period that I am an employee of the Federal Government or any agency thereof.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof. I do not and will not assert the right to strike against the Government of the United States or any agency thereof while an employee of the Government of the United States or any agency thereof. I do further swear (or affirm) that I am not knowingly a member of an organization of Government employees that asserts the right to strike against the Government of the United States or any agency thereof and I will not, while an employee of the Government of the United States or any agency thereof, knowingly become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing such appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

11 March 1962

(Date of entrance on duty)

Daniel Flores
(Signature of appointee)

Subscribed and sworn before me this 12th day of March A. D. 19 62,
at Washington, D. C.
(City) (State)

[SEAL]

Shirley L. Lewis
(Signature of official)
Appointment Clerk
(Title)

NOTE — The oath of office must be administered by a person specified in 5 U. S. C. 18 or by a person designated to administer oaths under Section 206, Act of June 10, 1943, 5 U. S. C. 10a. If by a Notary Public, the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Admitted unfavorable information about such matters as arrests or discharges will be considered together with the favorable information in your record in determining your present fitness for Federal employment. However, a false statement or dishonest answer to any question may be grounds for dismissal after appointment and is punishable by law.

PRESENT ADDRESS (street and number, city and State)
 WASHINGTON 8, D.C.

PLACE OF BIRTH (city and State or city and foreign country)
 SAN MARCOS, TEXAS

IN CASE OF EMERGENCY, PLEASE NOTIFY
 MRS. DANNIE TOLLES

RELATIONSHIP
 WIFE

STREET AND NUMBER, CITY AND STATE
 14 W. WASH, S. D.C.

TELEPHONE NO.
 WI-7-5444

265-5522

DOES THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE LIVED WITHIN THE PAST 24 MONTHS? ☐ YES ☐ NO

If no, for each such relative fill in the blank below. If additional space is necessary, complete under Item 12.

NAME	PAST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MAR. R.D. (Check one)	SIN- GLE
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			

INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	INDICATE ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO
8 (A) ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA OR (B) AS A NATIVE OR AMERICAN SANGA DO YOU OWE ALLEGIANCE TO THE UNITED STATES OF AMERICA?	X		10 (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?		X
9 ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY?		X	(B) IF YOU HAVE FILED SUCH A WAIVER, HAS IT BEEN CANCELED OR REVOKED?		X
If your answer is "Yes," give details in Item 12			11 SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, A. HAVE YOU BEEN DISCHARGED FROM EMPLOYMENT BECAUSE:		X
10 (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?		X	(1) YOUR CONDUCT WAS NOT SATISFACTORY?		X
If your answer is "Yes," give details in Item 12			(2) YOUR WORK WAS NOT SATISFACTORY?		X
11 SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN ARRESTED, CHARGED OR FINED BY FEDERAL, STATE, OR OTHER LAW ENFORCEMENT AGENCIES FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT INCLUDE TRAFFIC VIOLATIONS FOR WHICH A FINE OR LOSS WAS IMPOSED. ALL OTHER CHARGES MUST BE INCLUDED EVEN IF THEY WERE DISMISSED.		X	B. HAVE YOU RESIGNED AFTER OFFICIAL NOTIFICATION THAT:		X
If your answer is "Yes," give in Item 12 for each case, (1) approximate date, (2) charge, (3) place, (4) action taken.			(1) YOUR CONDUCT WAS NOT SATISFACTORY?		X
12 SINCE YOU FILED APPLICATION RESULTING IN THIS APPOINTMENT, HAVE YOU BEEN BARRED BY THE U.S. CIVIL SERVICE COMMISSION FROM FURTHER EMPLOYMENT OR RECEIVING THIS SERVICE APPOINTMENT?		X	(2) YOUR WORK WAS NOT SATISFACTORY?		X
If your answer is "Yes," give dates of and reasons for such barment in Item 12			C. HAVE YOU BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?		X
13 (A) HAVE YOU EVER FILED A WAIVER OF LIFE INSURANCE COVERAGE UNDER THE FEDERAL EMPLOYEES GROUP LIFE INSURANCE ACT?		X	If your answer to A, B or C is "Yes," give details in Item 12 as far as you can remember, including the name and address of employer, approximate date, and reasons in each case.		X

14 (A) HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED SERVICES UNDER OTHER THAN HONORABLE CONDITIONS?

If your answer is "Yes," give details in Item 12 as far as you can remember, including the name and address of employer, approximate date, and reasons in each case.

INSTRUCTIONS TO APPOINTING OFFICER: You must determine that the appointment award is in conformance with the Civil Service Act, Executive Order, Bureau Rules and Regulations, and acts of Congress pertaining to appointment. The form should be attached to the finding of fitness, previous any record of record discharge or arrest, post-employment, and other data of fitness. Also, to establish the identity of the appointee, you should postmark the back of the signature and handwriting against the application and on other pertinent papers and (1) the photograph against the medical certificate.

STATEMENT OF PRIOR FEDERAL CIVILIAN AND MILITARY SERVICE AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V.

PART I.—EMPLOYEE'S STATEMENT

PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial)

2. DATE OF BIRTH

FLORES, DANIEL

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

9. RETENTION GROUP

10. A. CIVIL STATUS ☐ YES ☐ NO
B. TYPE OF PRESENT APPOINTMENT

NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	

11. SERVICE

YEAR	MONTH	DAY

4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE"

BRANCH	FROM—			TO—			DISCHARGE (Hon or dishon?)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
UNITED STATES MARINE CORPS	1959	JULY	25	1961	JULY	25	HONORABLE

12. TOTAL SERVICE

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? ☐ YES ☐ NO IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.

TYPE IF KNOWN (LWOP, Full, Susp, AWOL, Mes Mar)	FROM—			TO—			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS

13. NONCREDITABLE SERVICE (Leave purposes only)

14. NONCREDITABLE SERVICE (RIF purposes only)

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS?

☐ YES ☐ NO

(If answer is "Yes," in what agency were you employed at the time status was acquired?)

15. REEMPLOYMENT RIGHTS

☐ YES ☐ NO

16. RETENTION RIGHTS

☐ YES ☐ NO

17. EXPIRATION DATE OF RETENTION RIGHTS

7. ARE YOU

A. THE WIFE OF A DISABLED VETERAN? ☐ YES ☐ NO

B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? ☐ YES ☐ NO

C. THE UNREMARKED SPOUSE OF A VETERAN? ☐ YES ☐ NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

12 March 1962
(DATE)

Daniel Flores
(SIGNATURE)

Subscribed and sworn to before me on this 12th day of Mar 1962 at Washington, D. C.
(LOCATION) (DATE) (STATE)

SEAL

Shirley L. Smith
(SIGNATURE)

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

INSTRUCTIONS: Fill this form on the personnel side of the employee's official personnel folder immediately before or after the personnel action involved.

CONFIDENTIAL

(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses allowable in connection with leave of government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last)		(First)		(Middle)		SOCIAL SECURITY NUMBER	
FLORES		DANIEL		CR			
1. RESIDENCE DATA							
PLACE OF RESIDENCE WHEN INITIALLY APPOINTED				LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)			
WASHINGTON, D.C.							
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE				HOME LEAVE RESIDENCE			
WASHINGTON, D.C.							
2. MARITAL STATUS (Check one)							
<input type="checkbox"/> SINGLE		<input checked="" type="checkbox"/> MARRIED		<input type="checkbox"/> SEPARATED		<input type="checkbox"/> DIVORCED	
<input type="checkbox"/> WIDOWED		<input type="checkbox"/> ANNULLED					
IF MARRIED, PLACE OF MARRIAGE						DATE OF MARRIAGE	
LIMA, PERU, SOUTH AMERICA						12/14/1961	
IF DIVORCED, PLACE OF DIVORCE DECREE						DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED						DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)							
3. MEMBERS OF FAMILY							
NAME(S) OF CHILDREN		ADDRESS (No., Street, City, Zone, State)				TELEPHONE NO.	
		N.W.				265-8322	
NAME OF FATHER (Or male guardian)		ADDRESS				TELEPHONE NO.	
		S.W. 11th St. & S. 1st St.				TELEPHONE NO.	
NAME OF MOTHER (Or female guardian)		ADDRESS				TELEPHONE NO.	
		S.W. 11th St. & S. 1st St.				TELEPHONE NO.	
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY?							
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY							
NAME (Mr., Mrs., Miss)		RELATIONSHIP					
FLORES		WIFE					
HOME ADDRESS (No., Street, City, Zone, State)		HOME TELEPHONE NUMBER					
WASHINGTON, D.C.		265-5372					
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE		BUSINESS TELEPHONE EXTENSION					
WASHINGTON, D.C.		RF 7-5444					
IS THIS INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of person whom he believes you work for.)						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 5.)						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
The persons named in item 3 above may also be notified in case of emergency. If such notification is not desirable because of health or other reasons, please so state in item 6 on the reverse side of this form.							
CURRENT RESIDENCE AND DEPENDENCY REPORT							

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(When Filled In)

A.

VOLUNTARY ENTRIES

Experience in the handling of ~~emergency~~ emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

UNION TRUST CO., WASH., D.C. - DANIEL CR FLORES
BANK OF CALIFORNIA, PORTLAND ONE, DANIEL CR LLOPEZ

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☒ NO. (If "Yes" where is document located?)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS?
☐ YES ☐ NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)

B.

ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

Washington DC

DATE

March 12, 1962

SIGNATURE

Daniel X. Flores

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☒ SECRET☐ CONFIDENTIAL☐ INTERNAL USE ONLY☐ UNCLASSIFIED

REQUEST FOR MEDICAL EVALUATION				12 Sept 77	APPLICANT HAS APPLIED PREVIOUSLY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
NAME (Last, First, Middle)		GRADE		OFFICE DIVISION	
Flores, Daniel				M	
13	All	DDO/LA	5270	Ops Officer	
14		15		16	
DEPENDENT NAME (Last, First, Middle)		SOC SEC NO		RELATIONSHIP	
				wife	
				yes	
				daughter	
				yes	
20 REQUESTED ACTION (check all that apply)					
APPLICANT		PRE EMPLOYMENT		EOD	
		USPCS		14 Oct 77	
ASSIGNMENTS		US TDY		Ops Officer	
		US RETURNEE		FITNESS FOR DUTY	
		US TDY STANDBY		RETURN TO DUTY	
		US PLANNING		SPECIAL TRAINING	
SEPARATION		RETIREMENT		MDR/CSC	
ROUTINE		REGULAR ANNUAL		EXECUTIVE ANNUAL	
				MPT/PHE	
21 COMMENTS					
Assignment to [redacted] has been cancelled, Subject is now being considered for [redacted]					
22 REQUESTING OFFICER'S DIV		23 ROOM/BLOC		24 EXTENSION	
DDO/LA/PERS		30303 Jpg		5270	
25 SIGNATURE OF REQUESTING OFFICER					
FOR OMS USE ONLY					
FOR APPLICANTS				COMMENTS	
APPROVE PROCESSING FOR EOD					
HOLD PENDING RECEIPT OF ADDITIONAL MEDICAL INFORMATION (Form 4-100 attached)					
REQUEST PRE EMP MEDICAL EVALUATION					
OTHER (see instructions)					
DATE				OMS SIGNATURE	
FOR OTHER ACTIONS				DATE	
REQUESTED ACTION	QUAL	COND QUAL	DEFER	DISQUAL	
DATE				OMS SIGNATURE	
UNCLASSIFIED				INTERNAL USE ONLY	
CONFIDENTIAL				SECRET	
IMPORTED BY					

2598

A - OMS

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 28 July 1976	
2. NAME (Last, First, Middle) Flores, Daniel DOB: 		3. POSITION TITLE Instructor	
5. OFFICE DIVISION BRANCH OTR/FTD/OTB		4. GRADE GS-12	
		6. EMPLOYEE'S EXT. 5191	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
		NO. 415 & BUILDING 6067 Hqs	
		EXT. 5191	
10. COMMENTS Destination: World-Wide			
11. REPORT OF EVALUATION Qualified for TDY Standby until 1 August 1978.			
DATE 31 August 1976		SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="border: 1px solid black; height: 20px; width: 100%;"></div> ONS/PEO	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		18 June 1976	
2. NAME (Last, First, Middle) Flores, Daniel		3. POSITION TITLE Instructor	4. GRADE GS-13
5. OFFICE DIVISION BRANCH OTR/FTD/OTB		6. EMPLOYEE'S EXT. 5191	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
		ROOM NO. & BUILDING GD57 Hqs.	EXT. 5191
10. COMMENTS			
11. REPORT OF EVALUATION			
Qualified for TDY Standby until 1 August 1978.			
DATE 31 August 1976		SIGNATURE FOR CHIEF OF MEDICAL STAFF OMS/PEO	

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST	
		10 Mar 75	
2. NAME (Last, First, Middle) Flores, Daniel (NMN) 4-35		3. POSITION TITLE Ops Officer	4. GRADE GS-12
5. OFFICE DIVISION BRANCH DDO/LA/COG		6. EMPLOYEE'S EXT. 7265	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input checked="" type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATIONS (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> LA/Trng ROOM NO. & BUILDING 3D5317 Hqs	
		EXT. 7431	
10. COMMENTS			
11. REPORT OF EVALUATION			
Disposition deferred until subject fulfills medical requirements.			
DATE 1 April 1975		SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;"></div> OAS/Registrar	

SECRET

1. NAME (Last, First, Middle) Flores, Daniel		2. DATE OF BIRTH [REDACTED]	3. GRADE GS-10
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/WIL [REDACTED]		5. PRESENT POSITION 0376	6. EMPLOYEE EXTENSION 7431
7. PROPOSED STATION [REDACTED]		8. PROPOSED POSITION (Title, Number, Grade) Ops Officer/0636/GS-13	
9. TYPE OF COVER AT NEW STATION [REDACTED]	10. ESTIMATED DATE OF DEPARTURE Sept 71	11. NO. OF DEPENDENTS TO ACCOMPANY two	
12. COMMENTS <p>Vice: [REDACTED] Please schedule appointments week of 31 May 1971/</p> <p>Mr. Flores' Spanish capabilities are native reading and high speaking which more than meets the language requirements of intermediate reading and speaking for the station.</p> <p>[REDACTED]</p> <p><i>CS 751506 12 May 71</i></p>			
13. DATE OF REQUEST 11 Mar 71	[REDACTED]	14. OFFICIAL [REDACTED]	15. ROOM NUMBER AND BUILDING 3D 5309 Hqs
16. EXTENSION 7431			
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION <p>15 JUN 1971</p> <p>QUALIFIED FOR PROPOSED ASSIGNMENT OVERSEAS</p> <p>[REDACTED]</p> <p>Chairman, Overseas Candidate Review Panel</p>			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 11 Mar 71	
2. NAME (Last, First, Middle) Flores, Daniel (Dependents of)		3. POSITION TITLE Ops Officer	
4. GRADE GS-10		5. OFFICE DIVISION BRANCH DDP/VH/	
6. EMPLOYEE'S EAT. 7431		7. PURPOSE OF EVALUATION	
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> ETO September 1971 STATION <div style="border: 1px solid black; height: 15px; width: 100%;"></div> TDY OR PCS PCS TYPE OF COVER <div style="border: 1px solid black; height: 15px; width: 100%;"></div> NO OF DEPENDENTS TO ACCOMPANY Two NO OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px;"> ETA <div style="border: 1px solid black; height: 15px; width: 100%;"></div> STATION <div style="border: 1px solid black; height: 15px; width: 100%;"></div> NO OF DEP.'S <div style="border: 1px solid black; height: 15px; width: 100%;"></div> </div>	
8. OVERSEAS PLANNING EVALUATION (One Mark must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
		ROOM NO & BUILDING 3D 5300 Hqs	
		EAT. 7431	

10. COMMENTS	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: inline-block; vertical-align: top; margin-top: 5px;"> wife dau </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Please schedule appointments week of 31 May 1971.</p>	11. REPORT OF EVALUATION Quintana Roo for GS PCS <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p align="right">16 8 7R</p>
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET
(When Filled In)

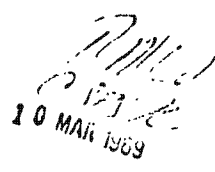
REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 11 Mar 71	
2. NAME (Last, First, Middle) Flores, Daniel (Dependents of)		3. POSITION/TITLE Ops Officer	
4. GRADE OS-10		5. EMPLOYEE'S EXT. 7431	
6. OFFICE DIVISION BRANCH DDP/WL			
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> ETD September 1971 STATION <div style="border: 1px solid black; height: 15px; width: 100%;"></div> TDY OR PCS PCS TYPE OF COVER <div style="border: 1px solid black; height: 15px; width: 100%;"></div> NO. OF DEPENDENTS TO ACCOMPANY Two NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px;"> ETA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
		ROOM NO. & BUILDING 3D 5300 Hqs	
		EXT. 7431	

10. COMMENTS	
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: inline-block; vertical-align: middle;"> wife dau </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Please schedule appointments week of 31 May 1971.</p>	11. REPORT OF EVALUATION Quartermaster for OS PCS <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right; margin-top: 10px;"> 16-87R </div>
DATE	SIGNATURE FOR CHIEF OF MEDICAL STAFF

SECRET

1. FLOREN, Emilio [redacted]		[redacted]		[redacted]	
4. OFFICE, DIVISION, BRANCH (OF OVERSEAS STATION AND DIC/WH [redacted])		3. PRESENT POSITION 1076		6. EXISTING EXTENSION 7431	
7. PROPOSED STATION [redacted]		8. PROPOSED POSITION (Title, Number, Zone) Ops Officer/0630/65-13			
9. TYPE OF COVER AT NEW STATION [redacted]		10. ESTIMATED DATE OF Sept 71		11. NO. OF DEPENDENTS TO COMPANY	
12. COMMENTS <p>Vico: [redacted] Please schedule appointments week of 31 May 1971/</p> <p>Mr. Floren's Spanish capabilities are native reading and high speaking which more than meets the language requirements of intermediate reading and speaking for the Station.</p> <p style="text-align: right;">7</p>					
13. DATE OF REQUEST 11 Mar 71		14. SIGNATURE OF REQUESTING OFFICIAL [redacted]		15. ROOM NUMBER AND BUILDING NO. EXTENSION 3D 3309 Bldg 7431	
17. OFFERED BY <p>Qualified Overseas POS</p> <p>11 June 1971 [redacted] OHS/pro</p>					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET

1. NAME (Last, First, Middle) Flores, Daniel		2. DATE OF BIRTH <div></div>	3. GRADE GS-08
4. OFFICE DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/WH/4		5. PRESENT POSITION Ops Officer	6. EMPLOYEE EXTENSION 6815
7. PROPOSED STATION <div></div>		8. PROPOSED POSITION (Title, Number, Grade) Ops Off 0376 GS-09	
9. TYPE OF COVER AT NEW STATION <div></div>		10. ESTIMATED DATE OF DEPARTURE o/a 27 April 69	11. NO. OF DEPENDENTS TO ACCOMPANY 1
12. COMMENTS <div>VICE <div></div></div> <div><div></div></div> <div>89'B ATTACHED.</div> <div style="text-align: right;">  10 MAR 1969 </div>			
13. DATE OF REQUEST 6 March 1969	14. <div></div>	15. ROOM NUMBER AND BUILDING 3D5309 Hqs.	16. EXTENSION 6815
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION 25 MAR 1969 QUALIFIED <div></div> AT CHAIRMAN, CANTON <div></div>			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		DATE OF REQUEST 6 March 1969
2. NAME (Last, First, Middle) Flores, Daniel (dependent)	3. POSITION TITLE Ops Officer	4. GRADE GS-08
5. OFFICE, DIVISION, BRANCH DDP/WII/4	6. EMPLOYEE'S EXT. 6815	
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> HOUSE TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> PTD. o/a 27 April 1969 STATION <div style="border: 1px solid black; height: 15px; width: 100%;"></div> TDY OR PCS PCS TYPE OF COVER <div style="border: 1px solid black; height: 15px; width: 100%;"></div> NO. OF DEPENDENTS TO ACCOMPANY 1 NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 59) ATTACHED 1 </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> LTA STATION NO. OF DEP.'S </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	9. REQUESTING OFFICER SIGNATURE <div style="border: 1px solid black; height: 20px; width: 100%;"></div> WII/Personnel ROOM NO. & BUILDING 3D5309 Hqs. <div style="float: right;">EXT. 6815</div>	
10. COMMENTS Wife - <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>		
11. REPORT SUBMITTED QUALIFIED FOR PROPOSED OR PCS <div style="text-align: right;">-A-21-53</div>		
DATE <div style="border: 1px solid black; width: 150px; height: 15px; display: inline-block;"></div>	SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	

SECRET

1. NAME (Last, First, Middle) Flores, Daniel		2. DATE OF BIRTH [REDACTED]		3. GRADE GS-09	
4. OFFICE, DIVISION, BRANCH (for overseas station and existing cover if lateral assignment) DDP/WI/4		5. PRESENT POSITION Ops Officer		6. EMPLOYEE EXTENSION 6815	
7. PROPOSED STATION [REDACTED]		8. PROPOSED POSITION (Title, Number, Grade) Ops Off 0378 GS-09			
9. TYPE OF COVER AT NEW STATION [REDACTED]		10. ESTIMATED DATE OF DEPARTURE o/a 27 April 69		11. NO. OF DEPENDENTS TO ACCOMPANY 1	
12. COMMENTS VICE [REDACTED] [REDACTED] 89's ATTACHED.					
13. DATE OF REQUEST 6 March 1969		14. SIGNATURE OF REQUESTING OFFICIAL [REDACTED]		15. ROOM NUMBER AND BUILDING 3D3309 Hqs.	
16. EXTENSION 6815					
17. OFFICE OF MEDICAL SERVICES DISPOSITION					
18. OFFICE OF SECURITY DISPOSITION					
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION MEDICALLY QUALIFIED FOR PROPOSED OS PCS. [REDACTED] 13 21 69					
REQUEST FOR PCS OVERSEAS EVALUATION					

SECRET
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 6 October 1961	
2. NAME (Last, First, Middle) FIDRUS, DANIEL		3. POSITION TITLE File Clerk	
5. OFFICE, DIVISION, BRANCH DDP/OPBR		4. GRADE GS-04	
		6. EMPLOYEE'S EXT.	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY XXXXXXXXXXXXXXXXXX <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px;"> ETD STATION TDY OR PCS TYPE OF COVER NO. OF DEPENDENTS TO ACCOMPANY NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px;"> EIA STATION NO. OF DEPS </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE Shirley Wells ROOM NO. & BUILDING BCL 1016 16th Street EXT. 2761	

10. COMMENTS	
11. REPORT OF EVALUATION	
DATE 12 NOV 61	SIGNATURE FOR CHIEF OF MEDICAL STAFF OFFICE OF THE CHIEF

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REQUEST FOR PRE-EMPLOYMENT MEDICAL EVALUATION		1. DATE 6 October 1961	
2. NAME (Last) PIORES,		(First) DANIEL	(Middle)
4. ORGANIZATIONAL ASSIGNMENT DDP/OPSER		5. POSITION, TITLE AND GRADE File Clerk GS-CL	
6. MEDICAL STAFF REQUESTED TO CHECK DESIRED ACTION BELOW, RETURN ORIGINAL COPY TO OFFICE OF PERSONNEL.			
<input type="checkbox"/> Approve Processing For E. O. D.	<input type="checkbox"/> Hold Pending Receipt of Addi- tional Medical Information (Form Letters Attached)	<input checked="" type="checkbox"/> Request Pre-Employment Medical Examination	<input type="checkbox"/> Rejected For Medical Reasons
7. REMARKS 259 Forwarded as of 6 October 1961 <div style="border: 1px solid black; height: 100px; width: 300px; margin-left: auto; margin-top: 20px;"></div>			

FORM NO. 570
1 MAY 54

Obsolete Previous
Editions

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QUALIFICATIONS UPDATE

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT, AVOID USING LIGHT COLORED INKS

Note that your qualifications are a matter of computer record, they must be periodically updated. This is done automatically for much information; however, some must be obtained directly from you. This form is for that purpose. Section I must be completed in all cases. You need provide other information only if there have been changes since you submitted your Form 447, "Qualifications Supplement to the Personal History Statement," or a previous update form. If you are in doubt whether information has been previously submitted, enter it in the appropriate section. The signed and dated form should be returned through administrative channels to the File Room, Office of Personnel, Room 58-13 Headquarters, whether information is added or not. Additionally, a qualifications update may take place at any time there is information to be added or changed simply by completing and returning an update form on your initiative.

SECTION I BIOGRAPHIC AND POSITION DATA

EMP. SER. NO. 036130	NAME (Last-First-Middle) Flores, Daniel	DATE OF BIRTH <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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SECTION II EDUCATION

HIGH SCHOOL			
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)	YEARS ATTENDED (From-To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO

COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED FROM-TO	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM/STR. HRS. (Specify)
	MAJOR	MINOR				
1. <i>American University, Washington, DC</i>	<i>Political Science</i>		<i>1962-1967</i>	<i>B.A.</i>	<i>1967</i>	<i>120 hrs</i>
2.						

IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS

OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	NO. OF MONTHS
1.				
2.				

SECTION III MARITAL STATUS

1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, Annulled, Remarried) SPECIFY:				
2. NAME OF SPOUSE (Last) (First) (Middle) (Maiden)				
3. DATE OF BIRTH	4. PLACE OF BIRTH (City, State, Country)			
5. OCCUPATION	6. PRESENT EMPLOYER			
7. CITIZENSHIP	8. FORMER CITIZENSHIP(S) COUNTRY(IES)		9. DATE U.S. CITIZENSHIP ACQUIRED	

SECTION IV DEPENDENT CHILDREN AND DEPENDENTS OTHER THAN SPOUSE

NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	PERMANENT RECORD
<input type="checkbox"/> ADD				
<input type="checkbox"/> DELETE				
<input type="checkbox"/> ADD				
<input type="checkbox"/> DELETE				

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SECTION V: GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF TRAVEL OR RESIDENCE	DATE & PLACE OF STUDY	KNOWLEDGE ACQUIRED BY--CHECK ONE		
			JUL 30 5 36 AM '50	TRAVEL	STUDY	WORK ASSIGNMENT
SECTION VI: TYPING AND STENOGRAPHIC SKILLS						
1. TYPING (Y/N) 2. SHORTHAND (Y/N) 3. INDICATE SHORTHAND SYSTEM USED--CHECK ALL APPROPRIATE ITEM						
<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENOGRAPHY <input type="checkbox"/> OTHER SPECIFY:						
SECTION VII: SPECIAL QUALIFICATIONS						
PROVIDE INFORMATION ON HOBBIES, SPORTS, LICENSES, PUBLISHED MATERIALS OR DEVICES WHICH YOU MAY HAVE INVENTED						
SECTION VIII: MILITARY SERVICE						
CURRENT DRAFT STATUS						
1. HAS YOUR SELECTIVE SERVICE CLASSIFICATION CHANGED?				2. NEW CLASSIFICATION		
<input type="checkbox"/> YES <input type="checkbox"/> NO						
3. LOCAL SELECTIVE SERVICE BOARD NUMBER AND ADDRESS				4. IF DEFERRED, GIVE REASON		
MILITARY RESERVE, NATIONAL GUARD STATUS						
CHECK RESERVE OR GUARD ORGANIZATION TO WHICH YOU BELONG		<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD	
		<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE		<input type="checkbox"/> AIR NATIONAL GUARD	
1. CURRENT RANK, GRADE OR RATE	2. DATE OF APPOINTMENT IN CURRENT RANK	3. EXPIRATION DATE OF CURRENT OBLIGATION				
4. CHECK CURRENT RESERVE CATEGORY <input type="checkbox"/> READY RESERVE <input type="checkbox"/> STANDBY (active) <input type="checkbox"/> STANDBY (inactive) <input type="checkbox"/> RETIRED <input type="checkbox"/> DISCHARGED						
5. MILITARY MOBILIZATION ASSIGNMENT				6. RESERVE UNIT TO WHICH ASSIGNED OR ATTACHED		
MILITARY SCHOOLS COMPLETED (Extended Active, Reserve Duty, or as Civilian)						
NAME AND ADDRESS OF SCHOOL		STUDY OR SPECIALIZATION		DATE COMPLETED		
SECTION IX: PROFESSIONAL SOCIETIES AND OTHER ORGANIZATIONS						
NAME AND CHAPTER		ADDRESS (Number, Street, City, State, Country)			DATE OF MEMBERSHIP	
					FROM TO	
SECTION X: REMARKS						
<div style="display: flex; justify-content: space-between;"> <div>21 June 1950</div> <div> </div> </div>						

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(When Filled In)

A-10

OFFICIAL USE ONLY - HAND ASSESSED

QUALIFICATIONS SUPPLEMENT TO PERSONAL HISTORY STATEMENT

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING. TYPE OR PRINT. AVOID USING LIGHT COLORED INKS.

SECTION I

BIOGRAPHIC AND POSITION DATA

1. EMP. SER. NO.	2. NAME (Last, First, Middle)	3. SEX	4. DATE OF BIRTH	5. SCHEDULE, GRADE, STEP
086130	FLORES DANIEL			GS-05-04
6. SD	7. POSITION TITLE	8. OFFICE OF ASSIGNMENT	9. LOCATION (Country, City)	
D	INTELLIGENCE CLERK	WM	WASH., D.C.	

SECTION II

AGENCY OVERSEAS SERVICE

AREA	DATE TO	FROM	TO
AC OVERSEAS SERVICE			

SECTION III

EDUCATION

DEGREE	MAJOR FIELD	COURSE	YEAR
AC COLLEGE DEGREE ON RECORD			

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SECTION III						
EDUCATION (Cont'd)						
HIGH SCHOOL						
LAST HIGH SCHOOL ATTENDED	ADDRESS (City, State, Country)		YEARS ATTENDED (From To)	GRADUATE <input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE OR UNIVERSITY STUDY						
NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		YEARS ATTENDED (FROM TO)	DEGREE RECEIVED	YEAR RECEIVED	NO. SEM / QTR (HRS. (Specify))
	MAJOR	MINOR				
1 The American University Washington, D.C.	Pol.Sci.	Spanish Literature	1962 - 1967	A degree will be conferred in July 1967.		114 Sem. Hrs.
2						
3						
4						
5 IF A GRADUATE DEGREE HAS BEEN NOTED ABOVE WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT						
TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
OTHER NON-AGENCY EDUCATION OR TRAINING NOT INDICATED ABOVE						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
4						
5						
AGENCY SPONSORED EDUCATION						
Specify which of any of the education shown in Section III was Agency sponsored						
NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION		FROM	TO	NO. OF MONTHS	
1						
2						
3						
4						
5						

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SECTION IV		GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL					
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATE OF TRAVEL OR RESIDENCE	DATE & PLACE OF STAY	KNOWLEDGE ACQUIRED BY			CHECK IF WATER ASSIGNED HERE
				BUSINESS DEGREE	TRAVEL	SCHOOL	
Bolivia	Economic, topographic, cultural and political.	Nov. 1955- Jan. 1960	American Univ. 1962-1967	X		X	
Peru	Topographic, cultural, and political.	Jan. 1960- Nov. 1960	American Univ. 1962-1967	X		X	
Latin America in general.	Economic, topographic, cultural, and political.		American Univ. 1962-1967			X	

SECTION V			TYPING AND STENOGRAPHIC SKILLS
1. TYPING (WPM) 45	2. SHORTHAND (WPM)	3. INDICATE SHORTHAND SYSTEM USED CHECK IN APPROPRIATE ITEM <input type="checkbox"/> GREGG <input type="checkbox"/> SPEED WRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER SPECIFY _____	
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING - comptometer, mimeograph, card punch, etc:			

SECTION VI		SPECIAL QUALIFICATIONS
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH		
2. EXCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4 SECTION V LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT AND MACHINES SUCH AS OPERATION OF RADIO TRANSMITTERS Indicate CW speed sending & receiving OFFSET PRESS TURK LATHE LOP AND OTHER SCIENTIFIC & PROFESSIONAL DEVICES		
3. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION SUCH AS PHOTOGRAPHER, ELECTRICIAN, RADIO OPERATOR TEACHER LAWYER CPA MEDICAL TECHNICIAN PSYCHOLOGIST PHYSICIAN ETC?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. IF YOU HAVE ANSWERED "YES" TO ITEM 3 ABOVE INDICATE KIND OF LICENSE OR CERTIFICATION AND THE ISSUING STATE MUNICIPALITY, ETC (Provide license registry number if known)		5. FIRST LICENSE/CERTIFICATE year of issue _____ 6. LASTEST LICENSE/CERTIFICATE year of issue _____
7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR do NOT submit copies unless requested indicate title publication date and type of writing (non fiction or scientific articles general interest subjects novels short stories etc.)		
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED		
9. PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE		

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(When Filled In)

1. NAME (Last-First-Middle)		2. DATE OF BIRTH	
3. LANGUAGE		4. TODAY'S DATE	
FLORES, RONIE		MARCH 12 1962	
SPANISH 720		I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE	
PART II-LANGUAGE ELEMENTS			
SECTION A. Reading (40)			
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.			
2. I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.			
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.			
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.			
5. I HAVE NO READING ABILITY IN THE LANGUAGE.			
SECTION B. Writing (41)			
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.			
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.			
3. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.			
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.			
5. I CANNOT WRITE IN THE LANGUAGE.			
SECTION C. Pronunciation (42)			
1. MY PRONUNCIATION IS NATIVE.			
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.			
3. MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.			
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.			
5. I HAVE NO SKILL IN PRONUNCIATION.			
CONTINUE ON REVERSE SIDE			

CONTINUATION OF PART II-LANGUAGE ELEMENTS

SECTION D.

Speaking (43)

1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E.

Understanding (44)

1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKE AND PUNS.
3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
2. I HAVE HAD EXPERIENCE AS AN INTERPRETER.
3. BOTH OF THE ABOVE STATEMENTS APPLY.
4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 25-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

March 13, 1962

SIGNATURE

Daniel S. Lee

(46)

(47)

DO NOT USE THIS SPACE		PERSONAL HISTORY STATEMENT		THIS DATE: 8 SEP 68, 1968	
INSTRUCTIONS					
<p>1. Answer all questions completely or check appropriate box. If question is not applicable, write "NA". Write "Unknown" only if you do not know the answer and it cannot be determined from personal records. Use blank space at end of form for extra details on any question for which you have insufficient space.</p> <p>2. Type, print or write carefully: illegible or incomplete forms will not receive consideration.</p> <p>3. Consider your answers carefully. Your signature at the end of this form will certify to their correctness. Careful completion of all applicable questions will permit review of your qualifications to the best advantage.</p>					
SECTION I GENERAL PERSONAL AND PHYSICAL DATA					
1. FULL NAME (Last-First-Middle)		2. AGE		3. SEX	
FLORES, Daniel		26		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. HEIGHT	5. WEIGHT	6. COLOR OF EYES	7. COLOR OF HAIR	8. TYPE COMPLEXION	9. TYPE BUILD
5' 8"	165 lbs.	Brown	Black	Dark	Medium
10. SCARS (Type and Location) Right cheek, one-half inch scar; left upper lip, one-quarter inch scar; both received playing football					
11. OTHER DISTINGUISHING PHYSICAL FEATURES					
None					
12. CURRENT ADDRESS (No., Street, City, Zone, State and Country)			13. PERMANENT ADDRESS (No., Street, City, Zone, State and Country) AND PHONE NO.		
Washington S, D. C.			- Washington S, D.C.		
14. CURRENT PHONE NO.		15. OFFICE PHONE NO. (EXT.)		16. LEGAL RESIDENCE (State, Territory or Country)	
265-8322		None		Washington, District of Columbia	
17. NICKNAMES		18. OTHER NAMES YOU HAVE USED			
Dan		None			
19. INDICATE CIRCUMSTANCES (including Length of Time) UNDER WHICH YOU HAVE EVER USED THESE NAMES					
Personal acquaintances - twelve years					
20. IF LEGAL CHANGE, GIVE PARTICULARS (Where and by what authority)					
NA					
SECTION II POSITION DATA					
1. INDICATE THE TYPE OF WORK OR POSITION FOR WHICH YOU ARE APPLYING					
Any phase of communications; administration; or personnel work.					
2. INDICATE THE LOWEST ANNUAL ENTRANCE SALARY YOU WILL ACCEPT (You will not be considered for any position with a lower entrance salary).			3. DATE AVAILABLE FOR EMPLOYMENT		
\$ 4,200.00			Immediately		
4. INDICATE YOUR WILLINGNESS TO TRAVEL					
<input type="checkbox"/> OCCASIONALLY <input checked="" type="checkbox"/> FREQUENTLY <input type="checkbox"/> CONSTANTLY <input type="checkbox"/> OTHER					
5. INDICATE YOUR WILLINGNESS TO ACCEPT ASSIGNMENT IN THE FOLLOWING LOCATIONS (Check (X) each item applicable)					
<input checked="" type="checkbox"/> WASHINGTON, D.C. <input type="checkbox"/> ANYWHERE IN U.S. <input type="checkbox"/> CERTAIN LOCATIONS ONLY (Specify)					
6. INDICATE WHAT RESERVATIONS YOU WOULD PLACE ON ASSIGNMENTS OUTSIDE THE WASHINGTON, D.C. AREA.					
I would be willing to travel within the United States provided said travel would not involve a permanent move whereby my legal residence would be changed. However, it is my wish to live overseas on a permanent basis.					



SECTION III		CITIZENSHIP	
1. DATE OF BIRTH		2. PLACE OF BIRTH (City, State, Country)	
		San Marcos, Texas	
3. PRESENT CITIZENSHIP (Country)		4. DATE NATURALIZED	
U.S.A.		NA	
5. CITIZENSHIP ACQUIRED BY		6. NATURALIZATION CERTIFICATE NO.	
BIRTH		NA	
7. COURT ISSUED NATURALIZATION CERTIFICATE		8. ISSUED AT (City, State, Country)	
NA		NA	
9. HAVE YOU HELD PREVIOUS NATIONALITY		10. IF YES, GIVE NAME OF COUNTRY	
YES		NA	
11. GIVE PARTICULARS CONCERNING PREVIOUS NATIONALITY.			
NA			
12. HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP		13. GIVE PARTICULARS	
YES		NA	
NO		NA	
14. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, WHAT IS PRESENT STATUS OF YOUR APPLICATION (First Papers, Etc.)			
NA			
15. DATE OF ARRIVAL IN U.S.		16. PORT OF ENTRY	
NA		NA	
17. ON PASSPORT OF WHAT COUNTRY		18. DATE VISA ISSUED	
NA		NA	
19. LAST U.S. VISA (No., Type, Place of Issue)		20. DATE VISA ISSUED	
NA		NA	
SECTION IV			
EDUCATION			
1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED			
LESS THAN HIGH SCHOOL GRADUATE		OVER TWO YEARS OF COLLEGE NO DEGREE	
HIGH SCHOOL GRADUATE		BACHELOR'S DEGREE	
TRADE BUSINESS OR COMMERCIAL SCHOOL GRADUATE		GRADUATE STUDY LEADING TO HIGHER DEGREE	
TWO YEARS COLLEGE OR LESS		MASTER'S DEGREE DOCTOR'S DEGREE	
X			
2. ELEMENTARY SCHOOL			
1. NAME OF ELEMENTARY SCHOOL		2. ADDRESS (City, State, Country)	
San Marcos Elementary School		San Marcos, Texas, U.S.A.	
3. DATES ATTENDED (From and To)		4. GRADUATE	
Sept., 1942 - May, 1951		YES	
3. HIGH SCHOOL			
1. NAME OF HIGH SCHOOL		2. ADDRESS (City, State, Country)	
San Marcos High School		San Marcos, Texas, U.S.A.	
3. DATES ATTENDED (From and To)		4. GRADUATE	
Sept., 1951 - May, 1955		YES	
4. COLLEGE OR UNIVERSITY STUDY			
1. NAME OF COLLEGE OR UNIVERSITY		2. ADDRESS (City, State, Country)	
3. DATES ATTENDED (From and To)		4. GRADUATE	
5. DEGREE		6. DATE	
7. NAME OF COLLEGE OR UNIVERSITY		8. ADDRESS (City, State, Country)	
9. DATES ATTENDED (From and To)		10. GRADUATE	
11. DEGREE		12. DATE	

SECTION IV CONTINUED FROM PAGE 1

5. IF A GRADUATE DEGREE HAS BEEN NOTED, WITHIN WHICH REQUIRED SUBMISSION OF A WRITTEN THESIS, INDICATE THE TITLE OF THE THESIS AND BRIEFLY DESCRIBE ITS CONTENT.

NA

6. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
NA				

7. MILITARY TRAINING (FULL TIME DUTY IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, INTELLIGENCE, COMMUNICATIONS, ETC.)

NAME AND ADDRESS OF SCHOOL	STUDY OR SPECIALIZATION	FROM	TO	MONTHS
Marine Security Guard School - Henderson Hall Hq. Marine Corps, Washington 25, D.C.	Security Guard Training	9/22/58	10/31/58	(5 wks)

8. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

Weapons Training in Marine Corps.
Acted as partisan during cold weather training at Bridgeport,
California (Pickle Meadows - TSMO).

SECTION V

FOREIGN LANGUAGE ABILITIES

1. LANGUAGE (List below each language in which you possess any degree of competence. Indicate your competence in Read, Write or Speak by placing a check (X) in the appropriate boxes.)	COMPETENCE - IN ORDER LISTED					HOW ACQUIRED			
	R. Read, W. Write, S. Speak					NATIVE OF COUNTRY	PROLONGED RES. (with parents etc.)	CONTACT (with parents etc.)	ACADEMIC STUDY (all levels)
	R	W	S	R	W	S	R	W	S
Spanish	X		X						X

2. IF YOU HAVE CHECKED "ACADEMIC STUDY" UNDER "HOW ACQ." INDICATE LENGTH AND INTENSIVENESS OF STUDY

NA

3. IF YOU HAVE INDICATED FLUENCY FOR A LANGUAGE MARK IN FLUENT DIFFERENCES IN SPEECH AND OR FORM FROM ENGLISH IN YOUR COMMENTS THEREIN

NA

4. DESCRIBE YOUR ABILITY TO INTERPRET, TRANSLATE OR ACT AS AN INTERPRETER IN ANY OF THE FOLLOWING TYPES: ENGINEERING, SCIENCE, COMMUNICATIONS, MEDICAL, AND OTHER SPECIALIZED STUDIES

Could act as literal interpreter at almost any level.

5. IF YOU HAVE NOTED SPECIALIZED EDUCATION, INDICATE HOW YOU WOULD BE ABLE TO USE THIS EDUCATION IN ANY OF THE FOLLOWING TYPES OF WORK:

SECTION VI GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL							
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES IN WHICH YOU HAVE TRAVELED OR TO WHOM KNOWLEDGE AS A RESULT OF RESIDENCE, STUDY OR WORK HAS ACCRUED. INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.							
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE OR TRAVEL	DATES AND PLACE OF STUDY	KNOWLEDGE ACQUIRED BY			
				RESIDENCE	TRAVEL	STUDY	WORK
Bolivia	General knowledge	11/13/58 to 1/12/60		X			
Peru	General knowledge	1/12/60 to 11/30/60		X			
Chile		6/15/59 to 6/21/59			X		
Argentina		6/21/59 to 6/30/59			X		
Uruguay		6/30/59 to 7/2/59			X		
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE, OR TRAVEL IN EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE.							
Marine Security Guard - American Embassy - Bolivia and Peru Vacation - Chile; Argentina; Uruguay; Panama							
3. UNITED STATES PASSPORT NUMBER AND EXPIRATION DATE, IF ISSUED							
No. 174850 (SP-35575) Passport has been cancelled.							
SECTION VII TYPING AND STENOGRAPHIC SKILLS							
1. TYPING (wpm)		2. SHORTHAND (wpm)		3. SHORTHAND SYSTEM USED - CHECK AN APPROPRIATE ITEM			
45 wpm		None		SHELLS SPEEDWRITING SPENTYPE OTHER (Specify)			
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, Etc.).							
Thermofax, mimeograph, switchboard							
SECTION VIII SPECIAL QUALIFICATIONS							
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH.							
Football - good Basketball - fair Swimming - good Reading - average Contract Bridge - very good							
2. INDICATE ANY SPECIAL QUALIFICATIONS RESULTING FROM EXPERIENCE OR TRAINING WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK.							
None to my knowledge							
3. INCLUDING BUSINESS EQUIPMENT OR MACHINES WHICH YOU MAY HAVE LISTED IN ITEM 4 OF SECTION VII, LIST ANY SPECIAL SKILLS YOU POSSESS RELATIVES TO OTHERS. POINT AND MACHINES SUCH AS OPERATING OF STATISTICAL MACHINES (Index, Code, Speed, Sorting and Reversing, OFFICE PRESS, TURBO LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES).							
None							

SECTION VIII CONTINUED FROM PAGE 1	
6. ARE YOU NOW OR HAVE YOU EVER BEEN A LICENSED OR CERTIFIED MEMBER OF ANY OF THE FOLLOWING PROFESSIONS OR SUCH AS PLUMBER, ELECTRICIAN, RADIO OPERATOR, TEACHER, LAWYER, OR MEDICAL TECHNICIAN, ETC.? YES NO	
7. IF YOU HAVE ANSWERED "YES" TO ABOVE, INDICATE KIND OF LICENSE AND STATE AGENCY WHICH ISSUED IT (Provide License or Registry Number, if known).	
NA	
8. FIRST LICENSE OR CERTIFICATE (Year of issue)	9. LATEST LICENSE OR CERTIFICATE (Year of issue)
NA	NA
10. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Include name of journal, magazine, newspaper, etc., title, publication date, and type of writing (non-fiction or scientific articles, technical interest articles, stories, short stories, etc.).	
None	
11. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED	
None	
12. LIST PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE	
Have spoken in my father's church and other churches approximately 150 times. Met and assisted public in Embassies during my tour of duty with the Marine Security Guard.	
13. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.	
None	
SECTION IX EMPLOYMENT HISTORY	
NOTE: (LIST LAST POSITION FIRST.) Indicate chronological history of employment for last 15 years. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a federal government, regardless of date. In completing item 9, "Description of Duties," consider your experience carefully and provide meaningful, to-the-point statements.	
1. INCLUSIVE DATES (From and To) By NA and 12	3. NAME OF EMPLOYER (Full name)
From 1949 to 1953	Hillbush's Drug Store
2. ADDRESS (No. street, City, State, Country)	
San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Drug Store	Mr. [redacted]
6. TITLE OF JOB	7. SALARY OR BARN WAGE 8. CLASS GRADE (If Federal Service)
Fountain attendant	\$12.00 per month
9. DESCRIPTION OF DUTIES	
Employee at soda counter	
10. REASONS FOR LEAVING	
To participate in school events (football).	

SECTION II - CONTINUED FROM PAGE 1	
1. INCLUSIVE DATES: From and To - By No. and Yr.	2. NAME OF EMPLOYING FIRM OR AGENCY
July 1955 - June 1956	Diamond Grocery Store
3. ADDRESS (No., Street, City, State, Country)	
South Guadalupe St. San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Grocery Store	Mr. []
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Butcher	\$20.00 PER WEEK
9. DESCRIPTION OF DUTIES	
Slaughtering and preparing meat for sale as well as actual selling.	
10. REASONS FOR LEAVING	
To attend college?	
1. INCLUSIVE DATES: From and To - By No. and Yr.	2. NAME OF EMPLOYING FIRM OR AGENCY
May, 1955 - September, 1955	San Marcos Baptist Academy
3. ADDRESS (No., Street, City, State, Country)	
San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Private School	Mr. []
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Painter's Assistant	\$15.00 PER WEEK
9. DESCRIPTION OF DUTIES	
Painted dormitories in the Academy	
10. REASONS FOR LEAVING	
To attend school	
1. INCLUSIVE DATES: From and To - By No. and Yr.	2. NAME OF EMPLOYING FIRM OR AGENCY
September, 1955 - July, 1957	Economy Department Stores
3. ADDRESS (No., Street, City, State, Country)	
San Marcos, Texas	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Clothing Store	Mr. []
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Sales Clerk	\$30.00 PER WEEK
9. DESCRIPTION OF DUTIES	
Assisted customers in selecting and buying goods.	
10. REASONS FOR LEAVING	
To join the Marine Corps.	
1. INCLUSIVE DATES: From and To - By No. and Yr.	2. NAME OF EMPLOYING FIRM OR AGENCY
July 25, 1957 - July 25, 1961	United States Marine Corps
3. ADDRESS (No., Street, City, State, Country)	
Marine Corps Schools, Quantico, Virginia	
4. KIND OF BUSINESS	5. NAME OF SUPERVISOR
Military	[]
6. TITLE OF JOB	7. SALARY OR EARNINGS 8. CLASS GRADE (If Federal Service)
Marine Corps Museum Attendant	\$100.00 PER MONTH Sp1. (E-4)

SECTION II (CONTINUED FROM PAGE 1)			
<p>1. DESCRIPTION OF DUTIES</p> <p>Acted as guide to all visitors entering Museum, explaining Marine Corps history, etc. Also on several occasions acted as interpreter for visiting military personnel from Latin America.</p>			
<p>2. REASONS FOR LEAVING</p> <p>Discharged</p>			
<p>3. EMPLOYER'S NAME (From and To: M, Do, and Yr.)</p> <p>July 28, 1961 - August 30, 1961</p>		<p>4. NAME OF EMPLOYING AGENCY</p> <p>Ohio Valley Engineering Company</p>	
<p>5. ADDRESS (No., Street, City, State, Country)</p> <p>3. Capitol and I Streets, S. W., Washington, D. C.</p>			
<p>6. KIND OF BUSINESS</p> <p>Construction</p>		<p>7. NAME OF SUPERVISOR</p> <p>Mr. [redacted]</p>	
<p>8. TITLE OF JOB</p> <p>Laborer</p>		<p>9. SALARY OR EARNINGS</p> <p>2.17</p>	
<p>10. CLASS, GRADE (If Federal Service)</p> <p>GS-5</p>			
<p>11. DESCRIPTION OF DUTIES</p> <p>Handyman for Company</p>			
<p>12. REASONS FOR LEAVING</p> <p>Temporary work while seeking permanent employment.</p>			
<p>13. EMPLOYER'S NAME (From and To: M, Do, and Yr.)</p>		<p>14. NAME OF EMPLOYING AGENCY</p>	
<p>15. ADDRESS (No., Street, City, State, Country)</p>			
<p>16. KIND OF BUSINESS</p>		<p>17. NAME OF SUPERVISOR</p>	
<p>18. TITLE OF JOB</p>		<p>19. SALARY OR EARNINGS</p>	
<p>20. CLASS, GRADE (If Federal Service)</p>			
<p>21. DESCRIPTION OF DUTIES</p>			
<p>22. REASONS FOR LEAVING</p>			
<p>23. IF PRIOR SERVICE WITH THE FEDERAL GOVERNMENT IS NOTED ABOVE, INDICATE THE NUMBER OF YEARS CREDITABLE TOWARD U.S. CIVIL SERVICE RETIREMENT, IF ANY</p> <p>7 1/2 years</p>			
<p>24. HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>25. HAVE YOU LEFT A POSITION UNDER CIRCUMSTANCES WHICH YOU DESIRE TO EXPLAIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>IF YOUR ANSWER TO EITHER OR BOTH QUESTIONS IS "YES", GIVE DETAILS</p> <p>Honorably discharged from United States Marine Corps.</p>			

SECTION X		MILITARY SERVICE	
1. CURRENT DRAFT STATUS			
1. ARE YOU NOW DEFERRED FOR THE DRAFT UNDER THE UNIVERSAL MILITARY TRAINING AND SERVICE ACT OF 1948 (AS AMENDED)?		2. SELECTIVE SERVICE CLASSIFICATION	
X YES		3. SELECTIVE SERVICE NO. 42-55-15-157	
4. IF DEFERRED, GIVE REASON: NA		5. LOCAL DRAFT BOARD NO. OR DESIGNATION AND ADDRESS: 55 - 111 1/2 S. SAN ANTONIO ST.,	
2. MILITARY SERVICE RECORDS			
3. CURRENT AND OR PAST ORGANIZATIONAL MEMBERSHIP			
CHECK (X) AS APPROPRIATE	ARMY	NAVY	AIR FORCE
HAVE SERVED		X	
NOW SERVING			None
4. BRANCH OR CORPS OF ABOVE CHECKED ORGANIZATION(S)			
Personnel Administration			
5. DATE SEPARATED FROM EXTENDED ACTIVE DUTY (Past service only)		6. TOTAL LENGTH OF EXTENDED ACTIVE DUTY IN U.S. ARMED FORCES (Past or current service)	
25 July, 1961		12 MONTHS	
7. DATE ENTERED ACTIVE DUTY		8. TOTAL LENGTH OF ACTIVE DUTY IN FOREIGN MILITARY OR ORGANIZATION	
26 July, 1957			
9. RANK, GRADE OR RATE		10. SERVICE SERIAL OR FILE NUMBER (If now serving, provide current number)	
Cpl. (E-4)			
11. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Use of Designation) AND TITLE		12. CURRENT SERVICE	
OHL - Chief Clerk			
13. SECONDARY MIL. OCCUPATIONAL SPECIALTY (Use of Designation) AND TITLE		14. CURRENT SERVICE	
None			
15. BRIEF DESCRIPTION OF MILITARY DUTIES (Indicate whether applicable to past or current service)			
Past Service: Clerk - Maintained personnel service records. 2 years as Security Guard in the American Embassies in La Paz, Bolivia and Lima, Peru.			
16. CHECK (X) TYPE OF SEPARATION FROM ACTIVE DUTY			
X HONORABLE DISCHARGE		UNIQUE HANDSHIPS	
X RELEASE TO INACTIVE DUTY		OTHER:	
RETIREMENT FOR AGE		RETIREMENT FOR PHYSICAL DISABILITY	
17. CHECK (X) COMPONENT IN WHICH YOU SERVED			
X REGULAR		OTHER (Including AFS)	
18. CHECK (X) COMPONENT IN WHICH YOU SERVED			
3. MILITARY RESERVE, NATIONAL GUARD AND ROTC STATUS			
1. DO YOU NOW HAVE RESERVE STATUS?		2. ARE YOU NOW A MEMBER OF THE NAT'L. GUARD OR AIR NAT'L. GUARD?	
X YES		YES	
NO		NO	
3. ARE YOU NOW A MEMBER OF THE ROTC?			
X YES			
4. IF YOU HAVE ANSWERED "YES" TO ITEMS 1, 2 OR 3 ABOVE, CHECK COMPONENT MEMBERSHIP BELOW			
ARMY	NAVY	AIR FORCE	NO CATEGORY NUMBER
X			
ARMY ROTC	NAVY ROTC	AIR FORCE ROTC	NO CATEGORY NUMBER
5. CURRENT RANK, GRADE OR RATE		6. DATE OF APPOINTMENT IN CURRENT SERVICE	
Cpl. (E-4)		January 29, 1962	
7. CHECK (X) CURRENT RESERVE CATEGORY			
READY RESERVE			
STANDBY ACTIVE			
STANDBY INACTIVE			
RETIRED			
8. PRIMARY MILITARY OCCUPATIONAL SPECIALTY (Use of Designation) AND TITLE		9. SECONDARY MILITARY OCCUPATIONAL SPECIALTY (Use of Designation) AND TITLE	
OHL		None	
10. BRIEF DESCRIPTION OF MILITARY RESERVE DUTIES			
None			
11. ARE YOU CURRENTLY ASSIGNED OR ATTACHED TO A RESERVE, NAT'L. GUARD OR ROTC TRAINING UNIT?			
YES			
12. IF YOU HAVE ANSWERED "YES" TO ITEM 11, GIVE UNIT OR AGENCY AND ADDRESS			
YES			
13. IF YOU HAVE ANSWERED "YES" TO ITEM 12, GIVE UNIT OR AGENCY AND ADDRESS			
YES			
14. INDICATE TOTAL MILITARY SERVICE YEARS MONTHS			
7 7			
15. WHERE ARE YOUR SERVICE RECORDS KEPT?			
Military Records Division, Department of Defense			

SECTION XI		FINANCIAL STATUS	
1. ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2. IF YOUR ANSWER IS "YES" TO THE ABOVE, STATE SOURCE(S) OF OTHER INCOME			
Wife's Income			
3. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS			
NAME OF INSTITUTION		ADDRESS (No., Street, City, State)	
The Bank of California, N.A.		330 S.W. 5th Avenue, Portland, Oregon	
Union Trust Company		15 and H Streets, N.W., Washington, D.C.	
4. HAVE YOU EVER BEEN IN OR DEPORTED FOR BANKRUPTCY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
5. IF YOUR ANSWER IS "YES" TO THE ABOVE, GIVE PARTICULARS INCLUDING COURT AND DATE(S)			
6. GIVE THREE CREDIT REFERENCES IN THE UNITED STATES			
NAME		ADDRESS (No., Street, City, State)	
General Motors Acceptance Corp.		1310 S.W. Yamhill Street, Portland 5, Oregon	
Gulf Oil Corporation		P.O. Box 7215, Atlanta 9, Georgia	
Hinde Furniture Company		917 Caroline Street, Fredericksburg, Virginia	
7. DO YOU RECEIVE AN ANNUITY FROM THE UNITED STATES OR DISTRICT OF COLUMBIA GOVERNMENT UNDER ANY RETIREMENT ACT, PENSION OR COMPENSATION FOR MILITARY OR NAVAL SERVICE?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
8. IF YOUR ANSWER IS "YES" TO THE ABOVE QUESTION, GIVE COMPLETE DETAILS			
9. DO YOU HAVE ANY FINANCIAL INTEREST IN OR OFFICIAL CONNECTIONS WITH ANY U.S. CORPORATIONS OR BUSINESSES, OR IN OR WITH U.S. CORPORATIONS OR BUSINESSES HAVING SUBSTANTIAL FOREIGN INTERESTS?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(If answer "YES", furnish details on separate sheet.)	
SECTION XII		MARITAL STATUS	
1. PRESENT STATUS (Single, Married, Widowed, Separated, Divorced, or Annulled) SPECIFY		Married	
2. STATE DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS			
NA			
WIFE, HUSBAND OR FIANCE If you have been married more than once - including annulments - use a separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiancee.			
3. NAME (First) (Middle) (Last)		Flores	
4. STATE ANY OTHER NAMES EVER USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH ANY OF THESE NAMES WERE USED. IF LEGAL CHANGE, GIVE PARTICULARS (show and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.	
5. DATE OF MARRIAGE		6. PLACE OF MARRIAGE (City, State, Country)	
November 14, 1960		Lima, Peru	
7. HIS (OR HER) ADDRESS BEFORE MARRIAGE (No. Street City State Country)			
American Embassy, La Paz, Bolivia			
8. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. DATE OF DEATH	
10. CURRENT ADDRESS (Give last address if separated)		11. CAUSE OF DEATH	
Washington 5, D.C.			
12. DATE OF BIRTH		13. PLACE OF BIRTH (City, State, Country)	
		Portland, Oregon	
		United States of A.	

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SECTION XII CONTINUED FROM PAGE 9				
14. IF BORN OUTSIDE U.S. - DATE OF ENTRY		15. PLACE OF ENTRY		
NA		NA		
16. FORMER CITIZENSHIP(S) (Country, Date)		17. DATE U.S. CITIZENSHIP WAS ACQUIRED (City, State, Country)		
NA		NA		
18. OCCUPATION		19. PRESENT EMPLOYER (Give full name of employer or if spouse, deceased or unemployed, give last name and address)		
Legal Secretary		Boydin and De Francis Formerly Department of State		
20. EMPLOYER'S OR BUSINESS ADDRESS (No. Street, City, State, Country)				
1000 16th St., N.W., Suite 601, Washington 2, D.C.				
21. DATES OF MILITARY SERVICE (From and to - by No. and 17)				
None				
22. BRANCH OF SERVICE		23. COUNTRY WITH WHICH MILITARY SERVICE AFFILIATED		
24. DETAILS OF OTHER GOVERNMENT SERVICE U.S. OR FOREIGN (Foreign Service - Jan., 1953 - Oct., 1960; Civil Service - Jan., 1961 - Jan., 1962)				
SECTION XIII CHILDREN AND OTHER DEPENDENTS				
1. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS				
NAME	RELATIONSHIP	DATE AND PLACE OF BIRTH	CITIZENSHIP	ADDRESS
None				
2. NUMBER OF CHILDREN (including own children and adopted children who are unmarried, under 21 yrs. of age, and not self-supporting)		3. NUMBER OF OTHER DEPENDENTS (including spouse, parents, grandparents, etc., who are not self-supporting, or children over 21 yrs. of age who are not self-supporting)		
0		0		
SECTION XIV FATHER (Give same information as for Self and add whether he is a volunteer (check))				
1. FULL NAME (Last-First-Middle)		2. LIVING		3. DATE OF DEATH
		Y YES NO		
4. STATE OTHER NAMES HE HAS USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS EVER USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS, WHERE AND BY WHAT AUTHORITY. USE EXTRA SPACE PROVIDED ON PAGE 18 OF THIS FORM TO RECORD THIS INFORMATION.		
None				
5. CURRENT ADDRESS - Give last address, if deceased - No. Street, City, State, Country				
SAN MARINO, TEXAS				
6. DATE OF BIRTH	7. PLACE OF BIRTH (City, State, Country)	8. CITIZENSHIP		
	VIET Y HOANG, Mexico, D.C., Mexico	MEX		
9. IF BORN OUTSIDE U.S. - DATE OF ENTRY		10. PLACE OF ENTRY		
May 24, 1918		Mexico		
11. FORMER CITIZENSHIP(S) (Country, Date)		12. DATE U.S. CITIZENSHIP WAS ACQUIRED (City, State, Country)		
Mexican		1957		
13. OCCUPATION		14. PRESENT EMPLOYER (Give full name of employer or if spouse, deceased or unemployed)		
Baptist Minister		Mexican Baptist Church		
15. EMPLOYER'S OR BUSINESS ADDRESS (No. Street, City, State, Country)				
SAN MARINO, TEXAS				
16. DATE OF DEATH (City, State, Country)				17. COUNTRY
To my knowledge never served in any military organization				
18. DETAILS OF OTHER GOVERNMENT SERVICE U.S. OR FOREIGN				

SECTION XV MOTHER (Give name and email in the Supplement on separate sheet)			
1. FULL NAME (Last-First-Middle)	2. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	3. DATE OF DEATH	4. CAUSE OF DEATH
5. STATE OTHER NAMES SHE HAS USED None to my knowledge		INDICATE CIRCUMSTANCES INCLUDING WHEN IT FIRST OCCURRED WHICH SHE HAS EVER USED THESE NAMES. IF LOCAL CHANGE, GIVE PARTICULARS WHERE AND BY WHAT AUTHORITY. USE EXTRA SPACE PROVIDED ON PAGE 19 OF THIS FORM TO RECORD THIS INFORMATION.	
6. CURRENT ADDRESS - GIVE LAST ADDRESS, IF DECEASED (No., Street, City, State, Country)			
San Marcos, Texas			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
	Mar y Marlene, Nuevo Leon, Mexico	Mexican	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
Unknown		Unknown	
12. FORMER CITIZENSHIP(S) (Country(ies))	13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)	
NA	NA	NA	
15. OCCUPATION Housewife		16. PRESENT EMPLOYER (Give last employer, if mother is deceased or unemployed)	
NA		NA	
17. EMPLOYER'S BUSINESS ADDRESS OR MOTHER'S BUSINESS ADDRESS IF SELF EMPLOYED			
NA			
18. DATES OF MILITARY SERVICE (From-and-To)		19. BRANCH OF SERVICE	20. COUNTRY
NA		NA	NA
21. DETAILS OF OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN			
NA			
SECTION XVI BROTHERS AND SISTERS (Including Half-, Step- and Adopted Brothers and Sisters)			
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	Sister	U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. AGE
San Antonio, Texas			11
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	Sister	U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. AGE
San Antonio, Texas			39
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	Sister	U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. AGE
San Marcos, Texas			24
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	Brother	U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. AGE
San Antonio, Texas			12
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	Brother	U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. AGE
San Antonio, Texas			27
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	Sister	U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. AGE
San Antonio, Texas			24
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	Brother	U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. AGE
San Antonio, Texas			27
1. FULL NAME (Last-First-Middle)	2. RELATIONSHIP	3. CITIZENSHIP (Country)	
	Brother	U.S. of America	
4. CURRENT ADDRESS (No., Street, City, State, Country)		5. LIVING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. AGE
San Antonio, Texas			27

SECTION XVII		FATHER-IN-LAW	
1. FULL NAME (Last, first, middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
Ray	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
5. STATE OTHER NAMES HE HAS USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH HE HAS BEEN USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 15 OF THIS FORM TO RECORD THIS INFORMATION.	
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
Milwaukee, 22, Oregon			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
	Minot, North Dakota	U.S. of America	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
NA		NA	
12. FORMER CITIZENSHIP(S) (Country)		13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)
NA		NA	NA
15. OCCUPATION		16. PRESENT EMPLOYER (Give last employer, if Father-in-Law is deceased or unemployed)	
Warehouse Foreman		Rudy Wilhelm Inc., Portland, Ore. on	
SECTION XVIII		MOTHER-IN-LAW	
1. FULL NAME (Last, first, middle)	2. LIVING	3. DATE OF DEATH	4. CAUSE OF DEATH
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
5. STATE OTHER NAMES SHE HAS USED		INDICATE CIRCUMSTANCES (including length of time) UNDER WHICH SHE HAS BEEN USED THESE NAMES. IF LEGAL CHANGE, GIVE PARTICULARS (where and by what authority). USE EXTRA SPACE PROVIDED ON PAGE 15 OF THIS FORM TO RECORD THIS INFORMATION.	
6. CURRENT OR LAST ADDRESS (No., Street, City, State, Country)			
Portland 36, Oregon			
7. DATE OF BIRTH	8. PLACE OF BIRTH (City, State, Country)	9. CITIZENSHIP	
	Portland, Oregon	U.S. of America	
10. IF BORN OUTSIDE U.S. - DATE OF ENTRY		11. PLACE OF ENTRY	
NA		NA	
12. FORMER CITIZENSHIP(S) (Country)		13. DATE U.S. CITIZENSHIP ACQUIRED	14. WHERE ACQUIRED (City, State, Country)
NA		NA	NA
15. OCCUPATION		16. PRESENT EMPLOYER (Give last employer, if Mother-in-Law is deceased or unemployed)	
Homemaker			
SECTION XIX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD, (2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT			
1. FULL NAME (Last, first, middle)	2. RELATIONSHIP	3. AGE	
None to my knowledge			
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY		
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last, first, middle)	2. RELATIONSHIP	3. AGE	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY		
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last, first, middle)	2. RELATIONSHIP	3. AGE	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY		
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	
1. FULL NAME (Last, first, middle)	2. RELATIONSHIP	3. AGE	
4. ADDRESS OR COUNTRY IN WHICH RELATIVE RESIDES	5. EMPLOYED BY		
6. CITIZENSHIP (Country)	7. FREQUENCY OF CONTACT	8. DATE OF LAST CONTACT	

SECTION VII (Continued) FROM PAGE 12			
<p>8. SPECIAL REMARKS, IF ANY, CONCERNING RELATIVES NOTED IN SECTION SIX ABOVE</p> <p style="text-align: center;">NA</p>			
SECTION XX RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
[Redacted]	Brother-in-law	24	U.S. of America
5. ADDRESS (No., Street, City, State, Country)			
[Redacted] Pueblo, Colorado			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
[Redacted]	2nd Cousin	UNK	U.S. of America
5. ADDRESS (No., Street, City, State, Country)			
[Redacted] Virginia Aviation - 1st S. T. UNK			
1. NAME (Last-First-Middle)	2. RELATIONSHIP	3. AGE	4. CITIZENSHIP
[Redacted]			
5. ADDRESS (No., Street, City, State, Country)			
[Redacted]			
SECTION XXI REFERENCES, ACQUAINTANCES, AND NEIGHBORS			
1. LIST FIVE CHARACTER REFERENCES NOT RELATIVES IN THE U.S. WHO KNOW YOU INTIMATELY			
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)	
Mr. and Mrs. [Redacted]	San Antonio, Texas	San Antonio, Texas	
Rev. [Redacted]	Austin, Texas	Austin, Texas	
Mr. [Redacted]	Alexandria, D.C.	Alexandria, Virginia	
Mr. [Redacted]	[Redacted]	Washington, D.C.	
Cpl. [Redacted]	Fort Worth, Texas	Fort Worth, Texas	
2. LIST FIVE PERSONS IN THE U.S. WHO KNOW YOU SOCIALLY - NOT RELATIVES SUPERVISORS OR EMPLOYERS			
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)	
Mr. [Redacted]	Washington, D.C.	Washington, D.C.	
Mr. [Redacted]	[Redacted]	Washington, D.C.	
Miss [Redacted]	Washington, D.C.	St. Louis, Missouri	
Miss [Redacted]	[Redacted]	Boulder, Colorado	
Mrs. [Redacted]	[Redacted]	Baltimore, Maryland	
3. LIST THREE NEIGHBORS AT YOUR MOST RECENT NORMAL RESIDENCE IN THE U.S.			
NAME (Last-First-Middle)	BUSINESS ADDRESS (No., Street, City and State)	RESIDENCE ADDRESS (No., Street, City and State)	
Miss [Redacted]	[Redacted]	[Redacted]	
Lt. and [Redacted]	[Redacted]	Fredericksburg, Virginia	
Mrs. [Redacted]	[Redacted]	Baltimore, Maryland	

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SECTION XXII CLUBS, SOCIETIES AND OTHER ORGANIZATIONS

NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind (in case membership in or support of any organization having headquarters or branch in a foreign country) to which you belong or have belonged.

NAME AND CHAPTER	ADDRESS (Number, Street, City, State, Country)	DATES OF MEMBERSHIP	
		FROM	TO
Spanish Club	San Marcos High School, San Marcos, Texas	Sept., 1931	May, 1935
Distributive Education Club	San Marcos High School, San Marcos, Texas	Sept., 1931	May, 1935
Baptist Youth Organization	First Mexican Baptist Church, San Marcos, Tex.	Jan., 1937	1937

SECTION XXIII RESIDENCES FOR THE PAST 15 YEARS

ADDRESS - LAST RESIDENCE FIRST (Number, Street, City, State, Country)	INCLUSIVE DATES	
	FROM	TO
4716 Kenners Ave., #201, Alexandria, Virginia	March, 1961	Aug., 1961
102 Haxover St., Fredericksburg, Virginia	Dec., 1960	Mar., 1961
172 Bartolomea Herrera, Miraflores, Lima, Peru	Jan., 1960	May., 1960
USIS Building, 3rd & 14th Floors, La Paz, Bolivia	Nov., 1959	Jan., 1960
47th Company, Headquarters Marine Corps, Henderson Hall, Washington 25, D.C.	Sept., 1959	May., 1960
Cold Weather Training Battalion, Pickle Weathers, Redwoodport, California	Jan., 1959	Aug., 1960
Marine Corps Base, 23 Palis, California	Dec., 1957	Jan., 1958
Marine Corps Recruit Depot, San Diego, California	Jan., 1957	Nov., 1957
Marine Corps Base, Camp Pendleton, California	Nov., 1956	Dec., 1957
501 S. Guadalupe St., San Marcos, Texas	May 1956	July, 1957
Howard Payne College, Brownwood, Texas	Sept., 1955	May, 1956
501 S. Guadalupe St., San Marcos, Texas	1956	Sept., 1956

SECTION XXIV		ADDITIONAL INFORMATION	
1. DO YOU ADVOCATE OR HAVE YOU EVER ADVOCATED, OR ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF, OR HAVE YOU EVER OR WANTED TO BE ASSOCIATED WITH ANY OF THE FOLLOWING: (a) ANY ORGANIZATION OR PERSON OR ORGANIZATION WHICH ADVOCATES OR PRACTICES THE OVERTHROW OF THE GOVERNMENT OF THE UNITED STATES, BY FORCE OR VIOLENCE OR OTHER UNLAWFUL MEANS OR STRIKES FOR OR VIOLENCE TO ANY PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES? YES X NO			
2. IF YOU HAVE ANSWERED "YES" TO THE ABOVE QUESTION, EXPLAIN:			
3. DO YOU USE OR HAVE YOU EVER USED "INTOCANT"?		YES X NO	4. IF SO, TO WHAT EXTENT?
5. DO YOU USE OR HAVE YOU EVER USED "NARCOTICS"?		YES X NO	6. IF SO, TO WHAT EXTENT?
7. HAVE YOU EVER BEEN A MEMBER OF, OR SUPPORTED, OR HAD ANY CONNECTIONS WITH A FOREIGN INTELLIGENCE ORGANIZATION OR ITS ACTIVITIES? YES X NO IF ANSWER IS "YES", GIVE COMPLETE DETAILS			
8. LIST BELOW THE NAMES OF GOVERNMENT DEPARTMENTS, AGENCIES OR OFFICES TO WHICH YOU HAVE APPLIED FOR EMPLOYMENT SINCE 1940: I served 4 years in the United States Marine Corps.			
9. IF TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAVE CONDUCTED AN INVESTIGATION OF YOU, INDICATE THE NAME OF THE AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION: An investigation (I do not know by whom) was conducted prior to my departure for Bolivia where I was assigned to the American Embassy. This investigation took place during August and September of 1953.			
NOTE SPECIAL: If your answer is "YES" to the following Questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.			
10. HAVE YOU, OR TO YOUR KNOWLEDGE HAS YOUR SPOUSE, EVER BEEN DETAINED, ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF THE LAW OTHER THAN A VIOLATION OF TRAFFIC LAWS IN THE UNITED STATES OR ABROAD? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, DATE, NATURE OF OFFENSE AND DISPOSITION OF CASE IN ACCORDANCE WITH THE SPECIAL INSTRUCTIONS ABOVE.		YES X NO	
11. HAVE YOU EVER BEEN ARRESTED, COURT-MARTIALED OR OTHERWISE PUNISHED UNDER MILITARY LAW OR REGULATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.		YES X NO	
12. ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE, NOT MENTIONED ABOVE, WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE INCIDENT(S) AND PROVIDE DATE(S) OF OCCURRENCE ON SEPARATE SHEET IN ACCORDANCE WITH SPECIAL INSTRUCTIONS ABOVE.		YES X NO	
SECTION XXV		PERSON TO BE NOTIFIED IN CASE OF EMERGENCY	
1. NAME (First-Middle-Last) Mrs. Daniel Flores		2. RELATIONSHIP Wife	
3. HOME ADDRESS (No. Street City State, Country) Washington 6, D.C.		4. HOME PHONE NO. 265-8182	
5. BUSINESS ADDRESS (No. Street City State, Country) - INDICATE NAME OF FIRM OR 6. BUSINESS PHONE NO. & EXT. Boydin and De Francis 1000 15th St., Suite 603, Washington 6, D.C.		DI 7-5444	
7. IN CASE OF EMERGENCY OTHER CLOSE RELATIVES (Mother, Father) MAY ALSO BE NOTIFIED IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS. IF TRUE, INDICATE: In all cases wife: Relative, Mrs. Boydin, Texas Telephone FR 9-1007			

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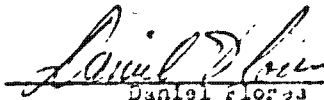
SECTION XVII		CERTIFICATION							
<p>YOU ARE INFORMED THAT THE CORRECTNESS OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED.</p> <p><small>I have read and understand the instructions. I Certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission is to a material fact will constitute grounds for immediate dismissal or rejection of my application. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).</small></p>									
<p><small>DATE OF SIGNATURE</small></p> <p><i>September 5, 1961</i></p>	<p><small>SIGNATURE OF APPLICANT</small></p> <p><i>Daniel Flores</i></p>	<p><small>PRINTED NAME OF APPLICANT</small></p> <p>[REDACTED]</p>							
<p><small>SIGNED AT (City and State)</small></p> <p>Washington, District of Columbia</p>									
<p><small>NOTE: Use the following space for extra details. Reference each continued item by section and item number to which it relates. Sign your name at the end of the added material. If additional space is required use extra pages the same size as this page and sign each such page.</small></p>									
<p>MARITAL STATUS: Item #4, Section XII September 1, 1956 to October 6, 1956. Married to Lt. Col. [REDACTED] [REDACTED] in Portland, Oregon, by Circuit Court Judge. Used name of MORAN until November 14, 1960, when changed to Flores.</p> <p>FATHER-IN-LAW: Item #5, Section XVII Short name for Raymond</p> <p>GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL: Item #1, Section VI</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Argentina</td> <td style="width: 30%;">2 July 1959 to 3 July 1959</td> <td style="width: 40%;">Travel</td> </tr> <tr> <td>Panama</td> <td>10 November 1958 to 13 November 1958</td> <td>Travel</td> </tr> </table> <p>SEE ATTACHED SHEET FOR PERTINENT INFORMATION RELATIVE TO STEP-MOTHER.</p> <p>Signed at Washington, D. C., this <u>7th</u> day of September, 1961.</p> <div style="text-align: right; margin-top: 20px;"> <p><i>Daniel Flores</i></p> <p>_____ Daniel Flores</p> </div>				Argentina	2 July 1959 to 3 July 1959	Travel	Panama	10 November 1958 to 13 November 1958	Travel
Argentina	2 July 1959 to 3 July 1959	Travel							
Panama	10 November 1958 to 13 November 1958	Travel							

ATTACHMENT TO FORM NO. 444 - PERSONAL HISTORY STATEMENT

Section XV - STEPMOTHER

Full name:
Living: Yes
Other Names She Has Used: None to my knowledge
Current Address: San Marcos, Texas
Date of Birth:
Place of Birth: Mexico
Citizenship: Mexican
If Born Outside U.S. - Date of Entry: December 8, 1922
Place of Entry: Unknown
Former Citizenships: None
Occupation: Homemaker and Missionary
Present Employer: Mexican Baptist Church, San Marcos, Texas
Never served in Military or other Government service to my knowledge.

This paper is attached to and hereby made a part of Form No. 444.


Daniel Flores

CONFIDENTIAL
(WHEN FILLED IN)

SECURITY APPROVAL

DATE : 19 January 1962

YOUR
REFERENCE: 07100 OPEER

CASE NO. : 195221

TO : Director of Personnel
FROM : Director of Security
SUBJECT : FLORES, Daniel

1. This is to inform you of security approval of the subject person as follows:

☒ Subject has been approved for the appointment specified in your request under the provisions of Regulations 10-210 and 20-730 including access to classified information through Top Secret as required in the performance of his duties.

☐ Subject has been approved for appointment under the authority of Paragraph 4(d) of Regulation 10-210, and under Regulation 20-730 including access to classified information through Top Secret as required in the performance of his duties.

2. Unless arrangements are made within 60 days for entrance on duty within 120 days, this approval becomes invalid.


3. As part of the entrance on duty processing:

☒ A personal interview in the Office of Security must be arranged.

☐ A personal interview is not necessary.

☐

FOR THE DIRECTOR OF SECURITY:


Chief, Personnel Security Division

OFFICE OF PERSONNEL SECURITY

FORM NO 1173 REPLACES FORM 10-104
(MAY 57) WHICH IS OBSOLETE

CONFIDENTIAL

(8)

*2/1/62
to K. to each
See Ruth H.
AF*